



Child & Adolescent Mental Health Division

Fiscal Year 2019 Annual Factbook

For the Period of July 1, 2018 to June 30, 2019

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Version 06/30/2020

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Introduction

The purpose of this Factbook is to provide detailed reference information regarding the population, services, and outcomes of the State of Hawai‘i Department of Health’s Child and Adolescent Mental Health Division (CAMHD). The information reported here is based on the population of youth and families that were enrolled and/or receiving services with CAMHD for one or more days during the period from July 1, 2018 to June 30, 2019. Thus, these “factsheets” present a snapshot of the CAMHD system as it functioned during the fiscal year of 2019.

Description of Information Reported

Data Sources

Major transitions in CAMHD’s electronic health record (EHR) systems have taken place in the past few years. In fiscal year 2017, CAMHD moved from the Child and Adolescent Mental Health Management Information System (CAMHMIS) to the Resource and Patient Management System (RPMS), which accompanied workflow and process changes and which set the stage for a more comprehensive case management and EHR system, named “MAX,” that was launched in February 2019. Thus, the new system, MAX, was implemented during the fiscal year (2019) that is reported in this Factbook, and improvements are still being made to the system so that all information on clients and the services they receive can be effectively stored and managed in this system. While these ongoing changes have introduced differences in information gathering and management, every effort has been made to maintain continuity in the quality and consistency of data presented in these annual reports.

Data for this year’s report were primarily gathered from both the RPMS and MAX systems. Other system information was collected from independent databases maintained by various offices within CAMHD. The CAMHD Administrative Services Office maintains the databases for manual billing information and contracts, and provides analysis and reporting based on the Department of Accounting and General Services (DAGS) Financial Accounting and Management Information System (FAMIS). The Clinical Services Office (CSO) maintains a database of youth placed in out-of-home settings based on weekly provider census reports. The Performance Management Office maintains a database of sentinel events and reportable incidents based on reports submitted by providers; however, due to ongoing changes in data collection methods, these data were not yet available at the time of this report.

Detailed information about the structure of RPMS, MAX, and other data is beyond the scope of the present report; however, a basic description about the information presented in this Factbook is provided below.

Population Variables

Age in Years was defined as the difference between a youth’s date of birth and the final day of each fiscal year (e.g., June 30, 2019).

Primary Diagnosis was defined based on Diagnostic and Statistical Manual of Mental Disorders 5 (DSM-5; American Psychiatric Association, 2013) codes entered into RPMS and MAX. The primary diagnoses that are reported here are the most recently recorded in the client records.

Family Court Liaison Branch (FCLB) was defined as any branch services to any youth within the fiscal year regardless of which Family Guidance Center they were registered to. Note that this definition is different from previous Factbooks, in which FCLB youth were counted under FCLB only if it was the most recent center/branch designated for the youth (the same definition as FGCs). In this Factbook, youth who had an FCLB case reported in the MAX system and youth who had any progress note from FCLB in the MAX system were counted as having FCLB services. Because of the improvements in data collection, CAMHD is better able to count youth served by FCLB. However, FCLB counts from fiscal year 2019 and later cannot be compared to earlier Factbooks.

Family Guidance Center (FGC) was defined as the most recent regional center to which youth was enrolled and/or received services as of the final day of the reporting period.

Gender was based on (a) client self-presentation, (b) caregiver presentation of child gender, or (c) staff observation of child gender, and was coded as either female or male.

National Origin was based on client reports in the categories of (a) Hispanic or Latino/a, or (b) Not Hispanic or Latino/a.

Race was reported using the following categories: (a) American Indian or Alaska Native, (b) Asian, (c) Black or African-American, (d) Native Hawaiian or Other Pacific Islander, (e) White, (f) Other Race, or (g) Multiracial. Due to changes in data collection during the year, these race categories may have been collected as is, or derived from specific ethnicities (e.g., Chinese was included in the Asian category). Also because of this, percentages reported may be based on different total counts (denominators). More than one category may be selected (so percentages may total more than 100%). Although specific ethnicity data was not collected during part of the data transitional period, it will be collected and reported in the future.

Service Variables

Crisis Stabilization was defined to include Crisis Mobile Outreach (CMO), Residential Crisis Stabilization Program (RCSP), and Therapeutic Crisis Home. However, the number of youth served by CMO was not available at the time of reporting.

Direct Services were defined as services provided by CAMHD staff, as opposed to contracted service providers. Direct services include assessments, case management, case consultation, client contacts, medication management, and outpatient treatment.

Intensive Home and Community Services were defined to include Intensive Outpatient Hospitalization, Multisystemic Therapy, Functional Family Therapy, Adaptive (previously “Comprehensive”) Behavioral Intervention, Intensive In-Home services, and Intensive Independent Living Skills.

Monthly Treatment and Progress Summary (MTPS). The MTPS (CAMHD 2003; 2005) is a locally constructed clinician report form designed to measure the service format, service setting, treatment targets, clinical progress, intervention practice elements, and provider outcomes on a monthly basis. In addition to providing structured response options from which clinicians could select, the MTPS included other fields for each domain that allowed clinicians to write open-ended responses that were not addressed by the predefined fields. For the format and setting questions, clinicians are asked to indicate all formats (individual, group, parent, family, teacher, or other) and settings (home, school, community, out of home, clinic/office, or other) in which the youth received services during the reporting month. Clinicians are then asked to indicate up to 10 target competencies or concerns, which were the focus of treatment during the reporting month. The targets are selected from a list of 53 predefined targets and two additional open-response fields are provided. Clinicians then provide a progress rating for each target that describes the degree of progress achieved from the start of the current service to the most recent month within that service. Progress ratings are provided on a 7-point scale with the anchors of *Deterioration (< 0%)*, *No Significant changes (0 – 10%)*, *Minimal Improvement (11 – 30%)*, *Some Improvement (31 – 50%)*, *Moderate Improvement (51 – 70%)*, *Significant Improvement (71 – 90%)*, and *Complete Improvement (91 – 100%)*. Next, clinicians are asked to indicate all of the specific intervention strategies (i.e., practice elements) that were used with the child and family during the month. The MTPS records 63 predefined intervention practice elements (e.g., activity scheduling, assertiveness training, biofeedback, etc.) and allows for the write-in of up to three additional intervention practice elements per month. The 2005 revision includes additional fields for listing psychiatric medications, dose, and schedule, discharge living situation, and reason for discharge.

Providers' written responses were individually reviewed and coded into appropriate categories, including new response categories that were created to account for responses that could not be categorized into the existing category framework. The definitions for the specific codes are as follows:

Service Setting

Home – Working with youth or family members in the youth's home.

School – Working with youth or professionals in the youth's educational setting, other than in the context of an IEP/MP meeting.

Community – Working with youth or others in the youth's community/neighborhood.

Out of Home – Working with the youth or family in a residential facility.

Clinic/Office – Working with the youth or family in a clinical office.

Phone – Any written response to an open-ended question that indicated use of the telephone as a service setting. No specification of the person called was required.

Other – Any written response to an open-ended question that could not be categorized into another service setting sub-category and did not necessitate the addition of a new category.

Service Format

Individual – Working with youth directly.

Group – Working with youth along with other youths receiving services.

Parent – Working directly with parents or caretakers, with youth not present.

Family – Working with parents or caretakers and youth together. Can include other family members.

Teacher – Working with a teacher directly.

Phone – Any written response to an open-ended question that indicated use of the telephone as a service format. No specification of the person called was required.

Professional Consult – Any written response to an open-ended question that indicated consultation or involvement of another service profession.

Other – Any written response to an open-ended question that could not be categorized into another service format sub-category and did not necessitate the addition of a new category.

Discharge Living Situation - Describes the type of living environment in which the youth was expected to reside at the time of discharge.

Foster Home – A home that is licensed to provide foster care to children, adolescents, and/or adults. Examples include foster homes or therapeutic foster homes.

Group Care – This level of care may include group homes, therapeutic group homes, or board and care homes. This excludes community-based residential and hospital-based residential care where youth reside in a group care facility.

Home – This living situation for youth includes places where youth live in houses, apartments, trailers, hotels, dorms, barracks, and/or single rooms. This excludes situations better characterized as foster homes.

Homeless/Shelter – Youth are considered homeless if they lack a fixed, regular, and adequate nighttime residence or their primary nighttime residency is a supervised publicly or privately operated shelter designed to provide temporary living accommodations, an institution that provides a temporary residence for individuals intended to be institutionalized, or a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings (e.g., on the street). Youth who were discharged due to extended runaway or elopement episode should be recorded in this category.

Institutional/Hospital – This level of care includes skilled nursing/intermediate care facilities, nursing homes, institutes of mental disease, inpatient psychiatric hospitals, psychiatric health facilities, Veterans Affairs hospitals, or state hospitals where youth reside with care provided on a 24 hour, 7 day per week basis.

Jail/Correctional Facility – This level of care includes jails, correctional facilities, detention centers, prisons, youth authority facilities, juvenile halls, boot camps, or boys ranches where youth reside with care provided on a 24 hour, 7 day per week basis.

Residential Treatment – This level of care includes community-based residential treatment centers, rehabilitation centers, or other residential treatment that are not better characterized as group homes or institution/hospital facilities. An organization, not licensed as a psychiatric hospital, whose primary purpose is the provision of individually planned programs of mental health treatment services in conjunction with residential care for children and youth. The services are provided in facilities that are certified by state or federal agencies or through a national accrediting agency.

Other – Any other Discharge Living Situation response that could not be categorized in one of the above sub-categories.

Reason for Discharge

Eligibility Change – Youth discharged in association with a change in eligibility for services, such as a termination of a court order or commitment, aging out of child and adolescent services, loss of Medicaid insurance, etc.

Family Relocation – Youth discharged because the youth and family moved out of state or out of the service area.

Insufficient Progress – Youth discharged from service without showing sufficient treatment progress to be judged as clinically successful (i.e., little symptom reduction, improvement in functioning, or goal attainment was achieved).

Runaway/Elopement – Youth discharged in association with an extended period of unavailability for treatment because the youth had run away from home or eloped from the program.

Refuse/Withdraw – Youth discharged due to parental refusal, non-participation in treatment, lack of consent, or other indication that client withdrew from services against professional advice.

Success/Goals Met – Youth clinically discharged due to sufficient treatment progress (e.g., symptoms reduced, functioning improved), treatment goals were met, youth was evaluated and services were determined unnecessary, services were completed, or youth was moving to a less restrictive and intensive level of care.

Other – Any other Reason for Discharge response that could not be categorized in one of the above sub-categories.

Treatment Targets - described the strengths and needs being addressed as part of the youths' mental health services.

Academic Achievement – issues related to general level or quality of achievement in an educational or academic context. This commonly includes performance in coursework, and excludes cognitive-intellectual ability/capacity issues and specific challenges in learning or achievement.

Activity Involvement – issues related to general engagement and participation in activities. Only code here those activities that are not better described by the particular activity classes of school involvement, peer involvement, or community involvement.

Adaptive Behavior/Living Skills – any written response to an open-ended question that targeted development of skills related to independent living, social functioning, financial management, and self-sufficiency that are not better captured under other codes such as personal hygiene, self-management, social skills, housing/living situation, or occupational functioning/stress.

Adjustment to Change – any written response to an open-ended question referring to targeting a youth's global response to a life transition or specific challenge (e.g., change of school, living situation, treatment transition or discharge, etc.).

Adult Inter-coordination – any written response to an open-ended question that targeted communication and interaction among relevant adults and/or service system workers involved in a child's life. This includes such things as home-school relationships, communication between service providers, treatment team members, transition and discharge preparedness, guardianship issues, etc.

Aggression – verbal and/or physical aggression, or threat thereof, that results in intimidation, physical harm, or property destruction.

Anger – emotional experience or expression of agitation or destructiveness directed at a particular object or individual. Common physical feelings include accelerated heartbeat, muscle tension, quicker breathing, and feeling hot.

Anxiety – a general uneasiness that can be characterized by irrational fears, panic, tension, physical symptoms, excessive anxiety, worry, or fear.

Assertiveness – the skills or effectiveness of clearly communicating one’s wishes. For example, the effectiveness with which a child refuses unreasonable requests from others, expresses his/her rights in a non-aggressive manner, and/or negotiates to get what s/he wants in their relationships with others.

Attention Problems – described by short attention span, difficulty sustaining attention on a consistent basis, and susceptibility to distraction by extraneous stimuli.

Avoidance – behaviors aimed at escaping or preventing exposure to a particular situation or stimulus.

Caregiver Self-Management/Coping – any written response to an open-ended question that indicated attempting to alter a caregiver’s management, regulation, or monitoring of their own behavior and emotions.

Cognitive-Intellectual Functioning – issues related to cognitive-intellectual ability/capacity and use of those abilities for positive adaptation to the environment. This includes efforts to increase IQ, memory capacity, or abstract problem-solving ability.

Community Involvement – detailed description of amount of involvement in specific community activities within the child’s day.

Compulsive Behavior – any written response to an open-ended question that targeted specific compulsive/excessive responses such as hoarding or trichotillomania.

Contentment/Enjoyment/Happiness – refers to issues involving the experience and expression of satisfaction, joy, pleasure, and optimism for the future.

Depressed Mood – behaviors that can be described as persistent sadness, anxiety, or "empty" mood, feelings of hopelessness, guilt, worthlessness, helplessness, decreased energy, fatigue, etc.

Eating/Feeding Problems – knowledge or behaviors involved with the ingestion or consumption of food. May include nutritional awareness, food choice, feeding mechanics (e.g., swallowing, gagging, etc.), and social factors relating to eating situations.

Empathy – identifications with and understanding of another person’s situation, feelings, and motives.

Enuresis/Encopresis – enuresis refers to the repeated pattern of voluntarily or involuntarily passing urine into inappropriate places during the day or at night in bed or clothes. Encopresis refers to a repeated pattern of voluntarily or involuntarily passing feces into inappropriate places.

Fire Setting – intentionally igniting fires.

Fitness/Exercise – any written response to an open-ended question that indicated issues related to general fitness or exercise.

Gender Identity Problems – issues related to a youth’s self-concept or self-understanding involving sex roles and social behaviors in relation to their biological sex. This does not address self-concept issues involving sexual orientation, which would be coded as “other.”

Goal Setting – any written response to an open-ended question that indicated targeting the clarification and commitment to future goals (e.g., academic, career, etc.) that are not better characterized under other targets such as self-management or occupational functioning/stress.

Grief – feelings associated with a loss of contact with a significant person in the youth’s environment (e.g., parent, guardian, friend, etc.).

Health management – issues related to the improvement or management of one’s health, inclusive of both physical illness and fitness. In addition to dealing with the general development of health oriented behavior and management of health conditions, this target can also focus on exercise or lack of exercise.

Housing/Living Situation – any written response to an open-ended question that indicated finding or stabilizing an appropriate living situation for a youth.

Hyperactivity – can be described by fidgeting, squirming in seat, inability to remain seated, talking excessively, difficulty engaging in leisure activities quietly, etc.

Information Gathering – any written response to an open-ended question that indicated focus on service provider learning more about the child and family through assessment, evaluation, or history taking.

Learning Disorder, Underachievement – refers to specific challenges with learning or educational performance that are not better accounted for by cognitive-intellectual functioning or general academic achievement.

Low Self-Esteem – an inability to identify or accept his/her positive traits or talents, and accept compliments. Verbalization of self-disparaging remarks and viewing him or herself in a negative manner.

Mania – an inflated self-perception that can be manifested by loud, overly friendly social style that oversteps social boundaries and high energy and restlessness with a reduced need for sleep.

Medical Regimen Adherence – knowledge, attitudes, and behaviors related to regular implementation procedures prescribed by a health care professional. Commonly include lifestyle behaviors (e.g., exercise, nutrition), taking medication, or self-administration of routine assessments (e.g., taking blood samples in a diabetic regimen).

Occupational Functioning/Stress – any written response to an open-ended question that indicated issues related to career interests, seeking employment, obtaining work permits, job performance, or managing job stress or strain that are not better characterized under other targets (e.g., anxiety).

Oppositional/Non-Compliant Behavior – behaviors that can be described as refusal to follow adult requests or demands or established rules and procedures (e.g., classroom rules, school rules, etc.).

Pain Management – any written response to an open-ended question that indicated a focus on regulating experiences or behaviors related to pain or ill health.

Parenting Skills – any written response to an open-ended question that indicated attempting to modify a caregiver’s strategies for managing child behavior, emotions, or structuring of the caregiving environment.

Peer Involvement – a greater involvement in activities with peers. Activities could range from academic tasks to recreational activities while involvement could range from working next to a peer to initiating an activity with a peer.

Peer/Sibling Conflict – peer and/or sibling relationships that are characterized by fighting, bullying, defiance, revenge, taunting, incessant teasing and other inappropriate behaviors.

Phobia/Fears – irrational dread, fear, and avoidance of an object, situation, or activity.

Personal Hygiene – challenges related to self-care and grooming.

Positive Family Functioning – issues related to healthy communication, problem-solving, shared pleasurable activities, physical and emotional support, etc. in the context of interactions among multiple persons in a family relation, broadly defined.

Positive Peer Interaction – social interaction and communication with peers that are pro-social and appropriate. This differs from peer involvement in that it focuses on interactional behavior, styles, and intentions, whereas peer involvement targets actual engagement in activities with peers regardless of interactional processes.

Positive Thinking/Attitude – this target involves clear, healthy, or optimistic thinking, and involves the absence of distortions or cognitive bias that might lead to maladaptive behavior.

Pregnancy Education/Adjustment – any written response to an open-ended question that indicated issues related to helping a pregnant youth prepare and adjust to parenthood.

Psychosis – issues related to bizarre thought content (e.g., delusions of grandeur, persecution, reference, influence, control, somatic sensations), and/or auditory or visual hallucinations.

Runaway – running away from home or current residential placement for a day or more.

Safe Environment – any written response to an open-ended question that indicated establishing a safe and secure environment for the youth’s development that was not better described as targeting the youth’s housing/living situation.

School Refusal/Truancy – reluctance or refusal to attend school without adult permission for the absence. May be associated with school phobia or fear manifested by frequent somatic complaints associated with attending school or in anticipation of school attendance, or willful avoidance of school in the interest of pursuing other activities.

School Involvement – detailed description of amount of involvement in specific school activities within the child’s scheduled school day.

Self-Injurious Behavior – acts of harm, violence, or aggression directed at oneself.

Self-Management/Self-Control – issues related to management, regulation, and monitoring of one’s own behavior.

Sexual Misconduct – issues related to sexual conduct that are defined as inappropriate by the youth’s social environment or that include intrusion upon or violation of the rights of others.

Sexual Orientation – any written response to an open-ended question that indicated issues related to clarification or management of a youth’s sexual orientation that are excluded from the gender identity problems code.

Shyness – social isolation and/or excessive involvement in isolated activities. Extremely limited or no close friendships outside the immediate family members. Excessive shrinking or avoidance of contact with unfamiliar people.

Sleep Disturbance – difficulty getting to or maintaining sleep.

Social Skills – skills for managing interpersonal interactions successfully. Can include body language, verbal tone, assertiveness, and listening skills, among other areas.

Speech and Language Problems – expressive and/or receptive language abilities substantially below expected levels as measured by standardized tests.

Substance Abuse/Substance Use – issues related to the use or misuse of a common, prescribed, or illicit substances for altering mental or emotional experience or functioning.

Suicidality – issues related to recurrent thoughts, gestures, or attempts to end one’s life.

Traumatic Stress – issues related to the experience or witnessing of life events involving actual or threatened death or serious injury to which the youth responded with intense fear, helplessness, or horror.

Treatment Engagement – any written response to an open-ended question that indicated targeting interest, motivation, or active participation in therapeutic activities. This included targeting improved rapport.

Treatment Planning/Framing – any written response to an open-ended question that indicated setting or revising a treatment plan or treatment structure (including IEPs, CSPs, MPs, MHTPs, etc.).

Willful Misconduct/Delinquency – persistent failure to comply with rules or expectations in the home, school, or community. Excessive fighting, intimidation of others, cruelty or violence toward people or animals, and/or destruction of property.

Other – any written response to an open-ended question that could not be categorized into another treatment target sub-category and did not necessitate the addition of a new category.

Unclear – any written response to an open-ended question whose meaning could not be discerned and could not be coded into another category (e.g., relationship issues not otherwise specified).

Practice Elements (a.k.a. Intervention Strategies; Treatment Practices)

Activity Scheduling – the assignment or request that a child participate in specific activities outside of therapy time, with the goal of promoting or maintaining involvement in satisfying and enriching experiences.

Anger Management – any written response to an open-ended question that referred to treatment in the family of anger management with no specific practices identified.

Animal or Plant Assisted Activities – any written response to an open-ended question that indicated use of activities incorporating animals or plants as a therapeutic modality.

Arousal Reconditioning – any written response to an open-ended question that indicated use of classical or operant conditioning procedures to alter the targets of sexual arousal.

Art/Music Therapy – any written response to an open-ended question that indicated use of expressive activities as a therapeutic modality.

Assertiveness Training – exercises or techniques designed to promote the child’s ability to be assertive with others, usually involving rehearsal of assertive interactions.

Assessment – any written response to an open-ended question that focused on service provider learning more about the child and family through evaluation, testing, or observation (that would not qualify as parent or self-monitoring).

Attending – exercises involving the youth and caregiver playing together in a specific manner to facilitate their improved verbal communication and nonverbal interaction. This can involve the caregiver’s imitation and participation in the youth’s activity, as well as parent-directed play (previously called “Directed Play”).

Behavioral Contracting – any written response to an open-ended question that indicated the development of a formal agreement specify rules, consequences, and a commitment by the youth and relevant others to honor the content of the agreement.

Behavior Management – any written response to an open-ended question that indicated the use of behavioral techniques or plan with no specific practices identified.

Biofeedback/ Neurofeedback – strategies to provide information about physiological activity that is typically below the threshold of perception, often involving the use of specialized equipment.

Care Coordination – any written response to an open-ended question that indicated coordinating among the service providers to ensure effective communication, receipt of appropriate services, adequate housing, etc.

Catharsis – strategies designed to bring about the release of intense emotions, with the intent to develop mastery of affect and conflict.

Cognitive/Coping – any techniques designed to alter interpretation of events through examination of the child’s reported thoughts, typically through the generation and rehearsal of alternative counter-statements. This can sometimes be accompanied by exercises designed to comparatively test the validity of the original thoughts and the alternative thoughts through the gathering or review of relevant information.

Commands/Limit Setting – training for caretakers in how to give directions and commands in such a manner as to increase the likelihood of child compliance.

Communication Skills – training for youth or caretakers in how to communicate more effectively with others to increase consistency and minimize stress. Can include a variety of specific communication strategies (e.g., active listening, “I” statements).

Counseling – any written response to an open-ended question that referred to counseling sessions with youth or parent with no specific practices identified.

Crisis Management – immediate problem-solving approaches to handle urgent or dangerous events. This might involve defusing an escalating pattern of behavior and emotions either in person or by telephone, and is typically accompanied by debriefing and follow-up planning.

Cultural Training – any written response to an open-ended question that indicated education or interaction with culturally important values, rituals, or sites with no specific practices identified.

Discrete Trial Training – a method of teaching involving breaking a task into many small steps and rehearsing these steps repeatedly with prompts and a high rate of reinforcement.

Educational Support – exercises designed to assist the child with specific academic problems, such as homework or study skills. This includes tutoring.

Emotional Processing – a program based on an information processing model of emotion that requires activation of emotional memories in conjunction with new and incompatible information about those memories.

Exposure – techniques or exercises that involve direct or imagined experience with a target stimulus, whether performed gradually or suddenly, and with or without the therapist’s elaboration or intensification of the meaning of the stimulus.

Eye Movement/Body Tapping – a method in which the youth is guided through a procedure to access and resolve troubling experiences and emotions, while being exposed to a therapeutic visual or tactile stimulus designed to facilitate bilateral brain activity.

Family Engagement – the use of skills and strategies to facilitate family or child’s positive interest in participation in an intervention.

Family Therapy – a set of approaches designed to shift patterns of relationships and interactions within a family, typically involving interaction and exercises with the youth, the caretakers, and sometimes siblings.

Family Visit – any written response to an open-ended question that indicated structured or unstructured therapeutic visits with one or more family members who is not typically part of the youth’s daily ecology during the course of treatment.

Free Association – technique for probing the unconscious in which a person recites a running commentary of thoughts and feelings as they occur.

Functional Analysis – arrangement of antecedents and consequences based on a functional understanding of a youth’s behavior. This goes beyond straightforward application of other behavioral techniques.

Goal Setting – any written response to an open-ended question that indicated setting specific goals and developing commitment from youth or family to attempt to achieve those goals (e.g., academic, career, etc.).

Guided Imagery – visualization or guided imaginal techniques for the purpose of mental rehearsal of successful performance. Guided imagery for the purpose of physical relaxation (e.g., picturing calm scenery) is not coded here, but rather coded under relaxation.

Ho’Oponopono – any written response to an open-ended question that indicated use of the techniques of Ho’Oponopono with no specific practices identified.

Hypnosis – the induction of a trance-like mental state achieved through suggestion.

Ignoring or Differential Reinforcement of Other Behavior – the training of parents or others involved in the social ecology of the child to selectively ignore mild target behaviors and selectively attend to alternative behaviors.

Individual Therapy for Caregiver – any therapy designed directly to target individual (non-dyadic) psychopathology in one or more of the youth’s caregivers. This is distinct from Marital Therapy and Communication Skills.

Informal Supports – any written response to an open-ended question that explicitly identified working with youth or families to make use of informal supports in their homes and communities (e.g., cultural or faith based groups, neighbors and friends, etc.).

Insight Building – activity designed to help a youth achieve greater self-understanding.

Interpretation – reflective discussion or listening exercises with the child designed to yield therapeutic interpretations. This does not involve targeting specific thoughts and their alternatives, which would be coded as cognitive/coping.

Juvenile Sex Offender Treatment – any written response to an open-ended question that indicated sex offender treatment with no specific practices identified.

Legal Assistance/Involvement – any written response to an open-ended question that indicated obtaining legal aide for the youth or family or engaging the legal system to provide additional motivation for treatment.

Line of Sight Supervision – direct observation of a youth for the purpose of assuring safe and appropriate behavior.

Maintenance/Relapse Prevention – exercises and training designed to consolidate skills already developed and to anticipate future challenges, with the overall goal to minimize the chance that gains will be lost in the future.

Marital Therapy – techniques used to improve the quality of the relationship between caregivers.

Medication/ Pharmacotherapy – any use of psychotropic medication to manage emotional, behavioral, or psychiatric symptoms.

Mentoring – pairing with a more senior and experienced individual who serves as a positive role model for the identified youth.

Milieu Therapy – a therapeutic approach in residential settings that involves making the environment itself part of the therapeutic program. Often involves a system of privileges and restrictions such as a token or point system.

Mindfulness – exercises designed to facilitate present-focused, non-evaluative observation of experiences as they occur, with a strong emphasis of being “in the moment.” This can involve the youth’s conscious observation of feelings, thoughts, or situations.

Modeling – demonstration of a desired behavior by a therapist, confederates, peers, or other actors to promote the imitation and subsequent performance of that behavior by the identified youth.

Motivational Interviewing – exercises designed to increase readiness to participate in additional therapeutic activity or programs. These can involve cost-benefit analysis, persuasion, or a variety of other approaches.

Natural and Logical Consequences – training for parents or teachers in (a) allowing youth to experience the negative consequences of poor decisions or unwanted behaviors, or (b) delivering consequences in a manner that is appropriate for the behavior performed by the youth.

Parent Coping – exercises or strategies designed to enhance caretakers’ ability to deal with stressful situations, inclusive of formal interventions targeting one or more caretaker.

Parent Monitoring – the repeated measurement of some target index by the caretaker.

Parent Praise – the training of parents or others involved in the social ecology of the child in the administration of social rewards to promote desired behaviors. This can involve praise, encouragement, affection, or physical proximity.

Parenting – any written response to an open-end question that addressed parenting issues with caregiver(s) but no specific practices identified.

Peer Modeling/Pairing – pairing with another youth of same or similar age to allow for reciprocal learning or skills practice.

Personal Safety Skills – training for the youth in how to maintain personal safety of one’s physical self. This can include education about attending to one’s sense of danger, body ownership issues (e.g., “good touch-bad touch”), risks involved with keeping secrets, how to ask for help when feeling unsafe, and identification of other high-risk situations for abuse.

Physical Exercise – the engagement of the youth in energetic physical movements to promote strength or endurance or both. Examples can include running, swimming, weight-lifting, karate, soccer, etc. Note that when the focus of the physical exercise is also to produce talents or competence, Skill Building may also apply.

Play Therapy – the use of play as a primary strategy in therapeutic activities. This may include the use of play as a strategy for clinical interpretation. Different from Directed Play, which involves a specific focus on modifying parent-child communication. This is also different from play designed specifically to build relationship quality.

Problem Solving – techniques, discussions, or activities designed to bring about solutions to targeted problems, usually with the intention of imparting a skill for how to approach and solve future problems in a similar manner.

Psychoeducational-Child – the formal review of information with the child about the development of a problem and its relation to a proposed intervention.

Psychoeducational-Parent – the formal review of information with the caretaker(s) about the development of the child's problem and its relation to a proposed intervention. This often involves an emphasis on the caretaker's role in either or both.

Relationship/Rapport Building – strategies in which the immediate aim is to increase the quality of the relationship between the youth and the therapist. Can include play, talking, games, or other activities.

Relaxation – techniques or exercises designed to induce physiological calming, including muscle relaxation, breathing exercises, meditation, and similar activities. Guided imagery exclusively for the purpose of physical relaxation is also coded here.

Response Cost – training parents or teachers how to use a point or token system in which negative behaviors result in the loss of points or tokens for the youth.

Response Prevention – explicit prevention of a maladaptive behavior that typically occurs habitually or in response to emotional or physical discomfort.

Self-Monitoring – the repeated measurement of some target index by the child.

Self-Reward/Self-Praise – techniques designed to encourage the youth to self-administer positive consequences contingent on performance of target behaviors.

Skill Building – the practice or assignment to practice or participate in activities with the intention of building and promoting talents and competencies.

Social Skills Training – providing information and feedback to improve interpersonal verbal and non-verbal functioning, which may include direct rehearsal of the skills. If this is paired with peer pairing, that should be coded as well.

Stimulus/Antecedent Control – strategies to identify specific triggers for problem behaviors and to alter or eliminate those triggers in order to reduce or eliminate the behavior.

Supportive Listening – reflective discussion with the child designed to demonstrate warmth, empathy, and positive regard, without suggesting solutions or alternative interpretations.

Tangible Rewards – the training of parents or others involved in the social ecology of the child in the administration of tangible rewards to promote desired behaviors. This can involve tokens, charts, or record keeping, in addition to first-order reinforcers.

Therapist Praise/Rewards – the administration of tangible (i.e. rewards) or social (e.g., praise) reinforcers by the therapist.

Thought Field Therapy – techniques involving the tapping of various parts of the body in particular sequences or "algorithms" in order to correct unbalanced energies, known as thought fields.

Time Out – the training of or the direct use of a technique involving removing the youth from all reinforcement for a specified period of time following the performance of an identified, unwanted behavior.

Twelve-step Programming – any programs that involve the twelve-step model for gaining control over problem behavior, most typically in the context of alcohol and substance use, but can be used to target other behaviors as well.

Other – any written response to an open-ended question that could not be categorized into another intervention strategy sub-category and did not necessitate the addition of a new category.

Unclear – any written response to an open-ended question whose meaning could not be discerned and could not be coded into another category.

Out-of-Home Services included Out-of-State, Hospital-Based Residential, Community-Based Residential 1 (a.k.a., Community High-Risk), Community-Based Residential 2, Community-Based Residential 3, and Transitional Family Home. Billing records for bed-holds and therapeutic passes were also considered when calculating the indicator of whether a youth received any out-of-home services.

Outpatient Services were defined to include treatment (i.e., medication management and outpatient therapy [individual, group, or family]) and assessment of any type.

Procured Services (Receipt of Services) was calculated based on records that were accepted as payable during billing adjudication during the RPMS period and based on both service authorizations and progress notes during the MAX period. This billing information is augmented by information from manual billing and weekly provider census data from the Fiscal and Clinical Services Offices for specific levels of care. A youth is identified as receiving a service if there was any indication of service for that youth on at least one day during the reporting period. The service receipt counts are unduplicated within a level of care, but are duplicated across levels of care. For example, a youth who received Hospital-Based Residential and Intensive In-Home services would be counted under both of these levels during the period. A hierarchical model of services is used so that unduplicated aggregates are systematically presented. For example, the Out-of-Home services count is unduplicated across all Out-of-Home services, such that a youth who received Hospital-Based Residential and Community-Based Residential services would be counted only once in the Out-of-Home services category, but would also be counted at both the Hospital-Based Residential and Community-Based Residential categories.

Supportive Services was defined to include Transitional Support Services, Therapeutic Respite Home, and ancillary services that could not be classified as another level of care.

Outcome Variables

Child and Adolescent Functional Assessment Scale (CAFAS). The CAFAS measures impairment across eight subscale domains: role performance in school/work, role performance at home, role performance in the community, behavior toward others, moods/emotions, self-harmful behavior, substance use, and thinking (Hodges, 2000). Care Coordinators at local Family Guidance Centers gather information on youth to select specific behavioral descriptions on the CAFAS that reflect a youth's level of impairment across the eight domains. The level of impairment for all items in the CAFAS is measured by a four-point scale (i.e., severe=30, moderate=20, mild=10, no/minimal=0). The total CAFAS score can range from 0 to 240, with higher scores indicating greater overall functional impairment. Psychometric properties of the CAFAS are well-documented in the literature. The literature shows that the CAFAS has internal consistency, inter-rater reliability, stability across time, and concurrent and predictive validity (Hodges, Doucette-Gates, & Kim, 2000; Hodges & Kim, 2000; Hodges & Wong, 1996; Hodges, Wong, & Latessa, 1998; Manteuffel, Stephens, & Santiago, 2002). The CAFAS is conducted for all youth enrolled with CAMHD at approximately 3-month intervals.

Ohio Scales Problem Severity Scale. The complete Ohio Scales instrument evaluates four areas: problem severity, functioning, hopefulness, and satisfaction. Currently, the short form of the problem severity and hopefulness scales are administered monthly by CAMHD Mental Health Care Coordinators to collect treatment progress data from both parents and youth. Previous studies have found that the 20-item short-form problem severity scale possesses a three-factor structure (Baize, 2001; Texas Department of Mental Health and Mental Retardation [TDMHMR], 2004) – externalizing, internalizing, and delinquency. The total scores and the externalizing and internalizing factor scores are reported here. Youth and parents rate the degree to which the youth has experienced the stated problem in the past 30 days. Each item is rated on a six-point scale (0 “Not at all” to 5 “All the time”), so the total score ranges from 0 to 100, the 8-item externalizing score ranges from 0-40, and the 9-item internalizing score ranges from 0-45. Studies examining its psychometric properties have shown that the Ohio Scales possesses good validity, reliability, and sensitivity to change (Ogles, Dowell, Hatfield, Melendez, & Carlston, 2004; Ogles et al., 2000; TDMHMR, 2004).

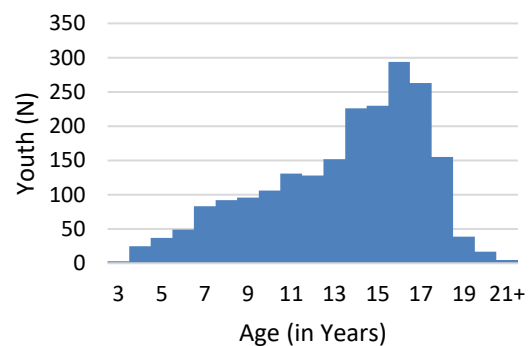
Total Youth Served (Statewide)

	N	%
Total Youth	2267	
Youth Receiving Direct Services	2122	93.6%
Youth Receiving Procured Services	1337	59.0%

Gender	N	% of Available
Female	835	39.3%
Male	1287	60.7%
Not Available (% of Total)	145	(6.4%)

Age	N	% of Available
3	3	0.1%
4	25	1.2%
5	37	1.7%
6	49	2.3%
7	83	3.9%
8	92	4.3%
9	96	4.5%
10	106	5.0%
11	131	6.1%
12	128	6.0%
13	152	7.1%
14	226	10.6%
15	230	10.8%
16	294	13.8%
17	263	12.3%
18	155	7.3%
19	39	1.8%
20	17	0.8%
21+	5	0.2%
Not Available (% of Total)	136	(6.0%)

	Mean	Median	Std. Deviation
Age in Years	13.4	14.0	3.7



Race	N	% of Available
American Indian or Alaska Native	125	7.7%
Asian	837	51.4%
Black or African-American	129	7.9%
Nat. Hawaiian or Other Pac. Isl.	963	59.0%
White	895	54.9%
Other Race	95	6.8%
Multiracial	875	53.6%
Not Available (% of Total)	634	(28.0%)

National Origin	N	% of Available
Hispanic or Latino/a	319	19.6%
Not Hispanic or Latino/a	1310	80.4%
Not Available (% of Total)	638	(28.1%)

Youth's Most Recent Family Guidance Center (FGC)	Total Served Youth	
	N	%
Hawaii (Big Island) East	471	20.8%
Hawaii (Big Island) West	139	6.1%
Kauai	302	13.3%
Maui	300	13.2%
Oahu, Central	365	16.1%
Oahu, Honolulu	282	12.4%
Oahu, Leeward	328	14.4%
Family Court Liaison Branch (FCLB) ^a	181	8.0%
Unassigned or Not Specified	15	0.7%

^aFCLB youth can also be served under an FGC above. Due to data system changes, this count only includes youth who had at least one FCLB record in the MAX system between February 1, 2019 to June 30, 2019.

Youth's Most Recent Primary Diagnosis (DSM-5)	N	% of Available
Anxiety Disorders	76	5.0%
Bipolar and Related Disorders	21	1.4%
Depressive Disorders	297	19.7%
Disruptive, Impulse-Control, and Conduct Disorders	324	21.5%
Neurodevelopmental Disorders		
Attention-Deficit/Hyperactivity Disorder	207	13.7%
Autism Spectrum Disorder	16	1.1%
Intellectual Disability	9	0.6%
Other Neurodevelopmental Disorders	4	0.3%
Obsessive-Compulsive and Related Disorders	3	0.2%
Schizophrenia Spectrum and Other Psychotic Disorders	28	1.9%
Substance-Related and Addictive Disorders	44	2.9%
Trauma- and Stressor-Related Disorders		
Adjustment Disorder	190	12.6%
Posttraumatic Stress Disorder	157	10.4%
Other Trauma- and Stressor-Related Disorders	49	3.2%
Other Infrequent CAMHD Diagnoses ^a	37	2.5%
General Medical Conditions or Codes No Longer Used	47	3.1%
Not Available (% of Total)	758	(33.4%)

^aIncludes, but is not limited to, Dissociative Disorders, Elimination Disorders, Feeding & Eating Disorders, Gender Dysphoria, Neurocognitive Disorders, Paraphilic Disorders, Personality Disorders, "Other Mental Disorders," and "Other Conditions That May Be a Focus of Clinical Attention."

All Services Procured Within Fiscal Year	# of Youth Served in LOC	% of Total Youth w/ Procured Svcs
Out-of-Home	285	21.3%
Out-of-State	18	1.3%
Hospital-Based Residential	91	6.8%
Community Based Residential 1 ^a	7	0.5%
Community-Based Residential 2	10	0.7%
Community-Based Residential 3	68	5.1%
Residential Crisis Stabilization Program	6	0.4%
Transitional Family Home	128	9.6%
Intensive Home & Community	1150	86.0%
Intensive Outpatient Hospitalization ^b	6	0.4%
Multisystemic Therapy	173	12.9%
Functional Family Therapy	110	8.2%
Adaptive Behavioral Intervention	28	2.1%
Intensive In-Home	912	68.2%
Intensive Independent Living Skills	17	1.3%
Outpatient^c	56	4.2%
Treatment ^c	0	0.0%
<i>Medication Management</i>	--	--
<i>Outpatient Therapy</i>	0	0.0%
Assessment	56	4.2%
Supportive Services	180	13.5%
Transitional Support Services	8	0.6%
Therapeutic Respite Home	42	3.1%
Ancillary Services	138	10.3%
Crisis Stabilization^d	26	1.9%
Crisis Mobile Outreach	--	--
Therapeutic Crisis Home	26	1.9%
Unduplicated Total^{cd}	1337	

^aPreviously known as "Community High Risk." – name changed during FY 2019.

^bPreviously known as "Partial Hospitalization" – name changed during FY 2019.

^cDoes not include Medication Management clients, for which data was unavailable.

^dDoes not include Crisis Mobile Outreach clients, for which data was unavailable.

Settings in Which Services Provided to Youth <i>(Data Only From 7/1/2018 to 3/31/2019)</i>	# of Youth With Setting Reported ^a Total N=985	% of Youth With Setting Reported	Avg # of Months Setting Reported Per Youth	# of Months in Which Setting is included ^b Total N=4822	% of All Months Reported ^b
Clinic	398	40.4%	3.03	1207	25.0%
Community	656	66.6%	3.77	2470	51.2%
Home	818	83.0%	3.85	3153	65.4%
Out-of-Home	282	28.6%	3.10	875	18.1%
Phone ^c	41	4.2%	2.39	98	2.0%
School	325	33.0%	2.55	830	17.2%
Other	18	1.8%	1.33	24	0.5%
Unclear ^c	35	3.6%	1.46	51	1.1%

^aMore than one setting may be selected per youth. ^bIncludes multiple months per youth. ^cRecoded written response when "Other" was selected.

Formats in Which Services Provided to Youth <i>(Data Only From 7/1/2018 to 3/31/2019)</i>	# of Youth With Format Reported ^a Total N=985	% of Youth With Format Reported	Avg # of Months Format Reported Per Youth	# of Months in Which Format is included ^b Total N=4822	% of All Months Reported ^b
Family	675	68.5%	3.53	2382	49.4%
Group	193	19.6%	3.05	589	12.2%
Individual	825	83.8%	4.63	3819	79.2%
Parent	664	67.4%	3.63	2412	50.0%
Phone ^c	2	0.2%	1.50	3	0.1%
Professional Consult ^c	224	22.7%	2.39	536	11.1%
Teacher	226	22.9%	2.63	594	12.3%
Other	15	1.5%	1.07	16	0.3%
Unclear ^c	90	9.1%	2.39	215	4.5%

^aMore than one format may be selected per youth. ^bIncludes multiple months per youth. ^cRecoded written response when "Other" was selected.

Youth Treatment Targets (TTs) (Data Only From 7/1/2018 to 3/31/2019)	# of Youth With TT Reported N = 985	% of Youth With TT Reported	Avg # of Months TT Reported Per Youth	# of Months in Which TT is included ¹ N = 4822	% of All Months Reported ¹
Academic Achievement	195	19.8%	2.11	412	8.5%
Activity Involvement	314	31.9%	2.85	894	18.5%
Adaptive Behavior or Living Skills	99	10.1%	1.91	189	3.9%
Adjustment to Change	188	19.1%	1.80	338	7.0%
Adult Intercoordination	6	0.6%	1.00	6	0.1%
Aggression	337	34.2%	2.75	926	19.2%
Anger	385	39.1%	2.83	1088	22.6%
Anxiety	345	35.0%	2.96	1021	21.2%
Assertiveness	125	12.7%	2.27	284	5.9%
Attention Problems	153	15.5%	2.58	395	8.2%
Avoidance	153	15.5%	2.24	343	7.1%
Caregiver Self Management or Coping	2	0.2%	1.00	2	0.0%
Cognitive Intellectual Functioning	53	5.4%	2.09	111	2.3%
Community Involvement	109	11.1%	1.87	204	4.2%
Compulsive Behavior	0	0.0%	-	0	0.0%
Contentment or Enjoyment or Happiness	150	15.2%	2.04	306	6.3%
Depressed Mood	302	30.7%	2.85	861	17.9%
Eating or Feeding Problems	20	2.0%	2.25	45	0.9%
Empathy	102	10.4%	2.29	234	4.9%
Enuresis or Encopresis	23	2.3%	2.57	59	1.2%
Fire Setting	2	0.2%	4.50	9	0.2%
Fitness or Exercise	1	0.1%	1.00	1	0.0%
Gender Identity Problems	9	0.9%	2.00	18	0.4%
Goal Setting	4	0.4%	1.00	4	0.1%
Grief	45	4.6%	2.29	103	2.1%
Health Management	45	4.6%	2.02	91	1.9%
Housing or Living Situation	102	10.4%	2.05	209	4.3%
Hyperactivity	94	9.5%	2.45	230	4.8%
Information Gathering	22	2.2%	1.05	23	0.5%
Learning Disorder or Underachievement	7	0.7%	2.14	15	0.3%
Mania	3	0.3%	1.00	3	0.1%
Medical Regimen Adherence	71	7.2%	2.10	149	3.1%
Occupational Functioning Or Stress	19	1.9%	1.37	26	0.5%
Oppositional or Non-Compliant Behavior	522	53.0%	3.25	1697	35.2%
Pain Management	0	0.0%	-	0	0.0%
Parenting Skills	11	1.1%	1.55	17	0.4%
Peer Involvement	112	11.4%	1.76	197	4.1%
Peer or Sibling Conflict	224	22.7%	2.38	532	11.0%
Personal Hygiene	30	3.0%	1.73	52	1.1%
Phobia or Fears	214	21.7%	2.41	516	10.7%
Positive Family Functioning	33	3.4%	2.45	81	1.7%
Positive Peer Interaction	708	71.9%	3.51	2487	51.6%
Positive Thinking or Attitude	221	22.4%	2.38	527	10.9%
Pregnancy Education or Adjustment	3	0.3%	2.67	8	0.2%
Psychosis	13	1.3%	2.08	27	0.6%
Runaway	77	7.8%	2.39	184	3.8%
Safe Environment	7	0.7%	2.29	16	0.3%
School Attendance or Truancy	136	13.8%	2.26	308	6.4%
School Involvement	199	20.2%	2.01	400	8.3%
Self Esteem	141	14.3%	1.99	281	5.8%
Self-Injurious Behavior	258	26.2%	2.60	672	13.9%
Self Management or Self Control	94	9.5%	2.15	202	4.2%
Sexual Orientation	0	0.0%	-	0	0.0%
Sexual Variation or Misconduct	43	4.4%	3.07	132	2.7%
Shyness	15	1.5%	2.07	31	0.6%
Sleep Disturbance or Sleep Hygiene	18	1.8%	2.00	36	0.7%
Social Skills	278	28.2%	2.85	792	16.4%
Speech and Language	13	1.3%	2.08	27	0.6%
Substance Use	166	16.9%	3.31	549	11.4%
Suicidality	71	7.2%	2.01	143	3.0%
Traumatic Stress	157	15.9%	2.50	392	8.1%
Treatment Engagement	392	39.8%	2.51	982	20.4%
Treatment Planning or Framing	32	3.2%	1.69	54	1.1%
Willful Misconduct or Delinquency	85	8.6%	2.00	170	3.5%
Other	160	16.2%	1.88	300	6.2%
Unclear	51	5.2%	1.39	71	1.5%

¹Includes multiple months for the same youth.

Note: Some open-ended responses to the "Other" category were recoded into existing categories

Youth Practice Elements (PEs) (aka Treatment Strategies) (Data Only From 7/1/2018 to 3/31/2019)	# of Youth With PE Reported N = 975	% of Youth With PE Reported	Avg # of Months PE Reported Per Youth	# of Months in Which PE is included ¹ N = 4822	% of All Months Reported ¹
Activity Scheduling	445	45.6%	2.65	1179	24.5%
Anger Management	11	1.1%	4.18	46	1.0%
Animal or Plant Assisted Activities	0	0.0%	-	0	0.0%
Arousal Reconditioning	0	0.0%	-	0	0.0%
Art or Music Therapy	7	0.7%	2.00	14	0.3%
Assertiveness Training	269	27.6%	2.67	718	14.9%
Assessment	5	0.5%	1.00	5	0.1%
Attending	252	25.8%	2.42	609	12.6%
Behavior Management	25	2.6%	3.64	91	1.9%
Behavioral Contracting	338	34.7%	2.57	868	18.0%
Biofeedback or Neurofeedback	11	1.1%	1.09	12	0.2%
Care Coordination	456	46.8%	2.86	1302	27.0%
Catharsis	45	4.6%	2.29	103	2.1%
Cognitive	500	51.3%	3.10	1550	32.1%
Commands	121	12.4%	2.26	273	5.7%
Communication Skills	702	72.0%	3.47	2438	50.6%
Counseling	12	1.2%	2.08	25	0.5%
Crisis Management	320	32.8%	2.39	766	15.9%
Cultural Training	50	5.1%	3.28	164	3.4%
Discrete Trial Training	14	1.4%	2.07	29	0.6%
Educational Support	390	40.0%	2.98	1163	24.1%
Emotional Processing	627	64.3%	3.51	2202	45.7%
Exposure	186	19.1%	2.74	509	10.6%
Eye Movement or Tapping	19	1.9%	2.21	42	0.9%
Family Engagement	636	65.2%	3.12	1983	41.1%
Family Therapy	583	59.8%	3.01	1754	36.4%
Family Visit	0	0.0%	-	0	0.0%
Free Association	44	4.5%	1.98	87	1.8%
Functional Analysis	102	10.5%	2.23	227	4.7%
Goal Setting	572	58.7%	3.15	1800	37.3%
Guided Imagery	96	9.8%	2.19	210	4.4%
Ho'oponopono	0	0.0%	-	0	0.0%
Hypnosis	8	0.8%	1.00	8	0.2%
Ignoring or DRO	202	20.7%	2.54	514	10.7%
Individual Therapy for Caregiver	211	21.6%	2.50	528	10.9%
Informal Supports	2	0.2%	1.50	3	0.1%
Insight Building	619	63.5%	3.33	2061	42.7%
Interpretation	124	12.7%	2.44	303	6.3%
Juvenile Sex Offender Treatment	6	0.6%	4.83	29	0.6%
Legal Assistance or Involvement	0	0.0%	-	0	0.0%
Line of Sight Supervision	233	23.9%	2.67	622	12.9%
Maintenance or Relapse Prevention	183	18.8%	2.40	440	9.1%
Marital Therapy	19	1.9%	1.47	28	0.6%
Medication or Pharmacotherapy	178	18.3%	2.79	496	10.3%
Mentoring	265	27.2%	2.95	781	16.2%
Milieu Therapy	136	13.9%	2.89	393	8.2%
Mindfulness	523	53.6%	3.25	1702	35.3%
Modeling	530	54.4%	3.41	1807	37.5%
Motivational Interviewing	437	44.8%	3.14	1370	28.4%
Natural and Logical Consequences	527	54.1%	3.17	1671	34.7%
Parent Coping	480	49.2%	2.83	1359	28.2%
Parent or Teacher Monitoring	307	31.5%	2.67	819	17.0%
Parent or Teacher Praise	329	33.7%	2.49	818	17.0%
Parenting	17	1.7%	3.29	56	1.2%
Peer Pairing	91	9.3%	2.45	223	4.6%
Personal Safety Skills	375	38.5%	2.89	1085	22.5%
Physical Exercise	0	0.0%	-	0	0.0%
Play Therapy	258	26.5%	3.08	795	16.5%
Problem Solving	647	66.4%	3.36	2173	45.1%
Psychoeducational Child	588	60.3%	3.22	1895	39.3%
Psychoeducational Parent	600	61.5%	3.25	1951	40.5%
Relationship or Rapport Building	673	69.0%	2.84	1910	39.6%
Relaxation	451	46.3%	2.97	1341	27.8%
Response Cost	110	11.3%	2.41	265	5.5%
Response Prevention	127	13.0%	2.20	279	5.8%
Self Monitoring	386	39.6%	2.91	1125	23.3%
Self Reward or Self Praise	262	26.9%	2.50	654	13.6%
Skill Building	621	63.7%	3.39	2105	43.7%
Social Skills Training	456	46.8%	3.29	1500	31.1%
Stimulus Control or Antecedent Man	154	15.8%	2.51	387	8.0%
Supportive Listening or Client Centered	779	79.9%	3.79	2952	61.2%
Tangible Rewards	312	32.0%	2.59	808	16.8%
Therapist Praise or Rewards	593	60.8%	3.43	2034	42.2%
Thought Field Therapy	17	1.7%	2.41	41	0.9%
Time Out	151	15.5%	2.42	365	7.6%
Twelve Step Program	43	4.4%	3.05	131	2.7%
Other	18	1.8%	1.11	20	0.4%
Unclear	58	5.9%	2.21	128	2.7%

¹Includes multiple MTPSs for the same client.

Note: Some open-ended responses to the "Other" category were recoded into existing categories.

Youth Living Situation at Discharge from Services <i>(Only Discharges From 7/1/2018 to 3/31/2019)</i>	# of Discharges Total N=573	% of Total Discharges
Foster Home	45	7.9%
Group Care	8	1.4%
Home	418	72.9%
Homeless/Shelter	12	2.1%
Institution/Hospital	11	1.9%
Jail/Correctional Facility	9	1.6%
Residential Treatment	23	4.0%
Other	47	8.2%

Note: As youth may receive multiple services, they can be represented more than once in these counts.

Reasons for Youth Discharge from Services <i>(Only Discharges From 7/1/2018 to 3/31/2019)</i>	# of Discharges Total N=582	% of Total Discharges
Eligibility Change	14	2.4%
Family Relocation	5	0.9%
Insufficient Progress	25	4.3%
Refuse/Withdraw	51	8.8%
Runaway/Elopement	34	5.8%
Success/Goals Met	330	56.7%
Other	123	21.1%

Note: As youth may receive multiple services, they can be represented more than once in these counts. Also, % of Total Discharges add to more than 100% because multiple reasons may be selected.

Change in Youth Progress Measures	Average Earliest Score (Std Err)	Average Most Recent Score (Std Err)
Child and Adolescent Functional Assessment Scale (CAFAS) Total Score (N=1,221)*	92.3 (0.87)	75.6 (1.07)
CAFAS School/Work Role Performance*	19.5 (0.28)	15.7 (0.31)
CAFAS Home Role Performance*	20.6 (0.25)	16.7 (0.28)
CAFAS Community Role Performance	5.8 (0.26)	5.7 (0.26)
CAFAS Behavior Towards Others*	17.5 (0.20)	14.5 (0.22)
CAFAS Moods/Emotions*	17.3 (0.21)	14.8 (0.22)
CAFAS Self-Harmful Behavior*	5.0 (0.25)	2.3 (0.17)
CAFAS Substance Use	3.9 (0.25)	3.8 (0.23)
CAFAS Thinking*	2.8 (0.17)	2.0 (0.15)
Ohio Scales (OS) Problem Score – Parent (N=953)*	30.0 (0.57)	20.2 (0.50)
OS Internalizing Score – Parent*	10.7 (0.29)	6.9 (0.24)
OS Externalizing Score – Parent*	17.0 (0.31)	11.5 (0.28)
Ohio Scales (OS) Problem Score – Youth (N=559)*	23.4 (0.72)	14.8 (0.60)
OS Internalizing Score – Youth*	9.4 (0.42)	6.3 (0.34)
OS Externalizing Score – Youth*	11.7 (0.35)	7.4 (0.30)

* Statistically significant change (p<0.05)

Notes: Includes youth who received any type of service within the fiscal year and had at least two assessments. A youth's earliest score is the very first score at any time within CAMHD, while the most recent score is the latest score up to the end of the fiscal year. Counts (Ns) represent unduplicated clients.

Ranges of scores are presented below:

CAFAS Total Score: 0-240

CAFAS (All) Subscales: 0-30

OS Parent and Youth Problem Score: 0-100

OS Parent and Youth Internalizing Score: 0-45

OS Parent and Youth Externalizing Score: 0-40

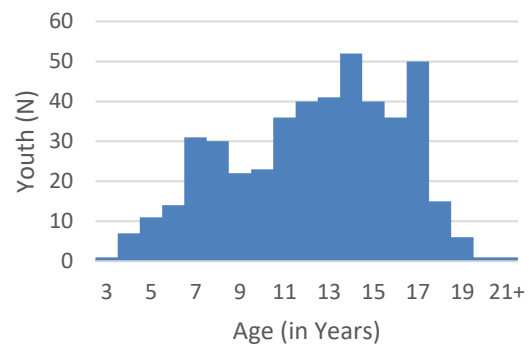
East Hawai'i (Big Island) Family Guidance Center Youth Served

	N	%
Total Youth	471	
Youth Receiving Direct Services	438	93.0%
Youth Receiving Procured Services	298	63.3%

Gender	N	% of Available
Female	179	39.2%
Male	278	60.8%
Not Available (% of Total)	14	(3.0%)

Age	N	% of Available
3	1	0.2%
4	7	1.5%
5	11	2.4%
6	14	3.1%
7	31	6.8%
8	30	6.6%
9	22	4.8%
10	23	5.0%
11	36	7.9%
12	40	8.8%
13	41	9.0%
14	52	11.4%
15	40	8.8%
16	36	7.9%
17	50	10.9%
18	15	3.3%
19	6	1.3%
20	1	0.2%
21+	1	0.2%
Not Available (% of Total)	14	(3.0%)

	Mean	Median	Std. Deviation
Age in Years	12.4	13.0	3.8



Race	N	% of Available
American Indian or Alaska Native	35	10.0%
Asian	149	42.7%
Black or African-American	23	6.6%
Nat. Hawaiian or Other Pac. Isl.	238	68.2%
White	203	58.2%
Other Race	9	2.6%
Multiracial	195	55.9%
Not Available (% of Total)	122	(25.9%)

National Origin	N	% of Available
Hispanic or Latino/a	81	23.2%
Not Hispanic or Latino/a	268	76.8%
Not Available (% of Total)	122	(25.9%)

Youth's Most Recent Primary Diagnosis (DSM-5)	N	% of Available
Anxiety Disorders	19	5.4%
Bipolar and Related Disorders	2	0.6%
Depressive Disorders	47	13.3%
Disruptive, Impulse-Control, and Conduct Disorders	72	20.4%
Neurodevelopmental Disorders		
Attention-Deficit/Hyperactivity Disorder	48	13.6%
Autism Spectrum Disorder	2	0.6%
Intellectual Disability	3	0.8%
Other Neurodevelopmental Disorders	1	0.3%
Obsessive-Compulsive and Related Disorders	1	0.3%
Schizophrenia Spectrum and Other Psychotic Disorders	6	1.7%
Substance-Related and Addictive Disorders	4	1.1%
Trauma- and Stressor-Related Disorders		
Adjustment Disorder	64	18.1%
Posttraumatic Stress Disorder	39	11.0%
Other Trauma- and Stressor-Related Disorders	15	4.2%
Other Infrequent CAMHD Diagnoses ^a	19	5.4%
General Medical Conditions or Codes No Longer Used	11	3.1%
Not Available (% of Total)	118	(25.1%)

^aIncludes, but is not limited to, Dissociative Disorders, Elimination Disorders, Feeding & Eating Disorders, Gender Dysphoria, Neurocognitive Disorders, Paraphilic Disorders, Personality Disorders, "Other Mental Disorders," and "Other Conditions That May Be a Focus of Clinical Attention."

All Services Procured Within Fiscal Year	# of Youth Served in LOC	% of Total Youth w/ Procured Svcs
Out-of-Home	69	23.2%
Out-of-State	3	1.0%
Hospital-Based Residential	17	5.7%
Community Based Residential 1 ^a	1	0.3%
Community-Based Residential 2	3	1.0%
Community-Based Residential 3	5	1.7%
Residential Crisis Stabilization Program	2	0.7%
Transitional Family Home	53	17.8%
Intensive Home & Community	261	87.6%
Intensive Outpatient Hospitalization ^b	0	0.0%
Multisystemic Therapy	33	11.1%
Functional Family Therapy	8	2.7%
Adaptive Behavioral Intervention	11	3.7%
Intensive In-Home	225	75.5%
Intensive Independent Living Skills	4	1.3%
Outpatient^c	0	0.0%
Treatment ^c	0	0.0%
<i>Medication Management</i>	--	--
<i>Outpatient Therapy</i>	0	0.0%
Assessment	0	0.0%
Supportive Services	54	18.1%
Transitional Support Services	0	0.0%
Therapeutic Respite Home	23	7.7%
Ancillary Services	36	12.1%
Crisis Stabilization^d	10	3.4%
Crisis Mobile Outreach	--	--
Therapeutic Crisis Home	10	3.4%
Unduplicated Total^{cd}	298	

^aPreviously known as "Community High Risk." – name changed during FY 2019.

^bPreviously known as "Partial Hospitalization" – name changed during FY 2019.

^cDoes not include Medication Management clients, for which data was unavailable.

^dDoes not include Crisis Mobile Outreach clients, for which data was unavailable.

Change in Youth Progress Measures	Average Earliest Score (Std Err)	Average Most Recent Score (Std Err)
Child and Adolescent Functional Assessment Scale (CAFAS) Total Score (N=284)*	83.5 (1.63)	68.1 (2.05)
CAFAS School/Work Role Performance*	17.5 (0.57)	14.3 (0.61)
CAFAS Home Role Performance*	19.8 (0.54)	15.7 (0.55)
CAFAS Community Role Performance	3.9 (0.44)	3.7 (0.43)
CAFAS Behavior Towards Others*	17.8 (0.41)	14.5 (0.43)
CAFAS Moods/Emotions*	16.9 (0.42)	14.4 (0.48)
CAFAS Self-Harmful Behavior*	3.9 (0.45)	2.2 (0.35)
CAFAS Substance Use	1.3 (0.31)	1.7 (0.34)
CAFAS Thinking	2.3 (0.31)	1.7 (0.29)
Ohio Scales (OS) Problem Score – Parent (N=219)*	26.8 (1.04)	20.2 (0.97)
OS Internalizing Score – Parent*	9.0 (0.54)	6.8 (0.48)
OS Externalizing Score – Parent*	16.3 (0.61)	11.9 (0.54)
Ohio Scales (OS) Problem Score – Youth (N=101)*	22.5 (1.54)	16.1 (1.44)
OS Internalizing Score – Youth*	9.9 (1.01)	7.4 (0.87)
OS Externalizing Score – Youth*	11.2 (0.74)	7.8 (0.66)

* Statistically significant change (p<0.05)

Note: Includes youth who received any type of service within the fiscal year and had at least two assessments. A youth's earliest score is the very first score at any time within CAMHD, while the most recent score is the latest score up to the end of the fiscal year. Counts (Ns) represent unduplicated clients.

Ranges of scores are presented below:

CAFAS Total Score: 0-240

CAFAS (All) Subscales: 0-30

OS Parent and Youth Problem Score: 0-100

OS Parent and Youth Internalizing Score: 0-45

OS Parent and Youth Externalizing Score: 0-40

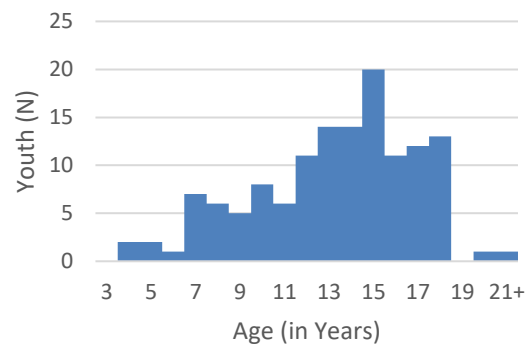
West Hawai'i (Big Island) Family Guidance Center Youth Served

	N	%
Total Youth	139	
Youth Receiving Direct Services	133	95.7%
Youth Receiving Procured Services	91	65.5%

Gender	N	% of Available
Female	57	42.5%
Male	77	57.5%
Not Available (% of Total)	5	(3.6%)

Age	N	% of Available
3	0	0.0%
4	2	1.5%
5	2	1.5%
6	1	0.7%
7	7	5.2%
8	6	4.5%
9	5	3.7%
10	8	6.0%
11	6	4.5%
12	11	8.2%
13	14	10.4%
14	14	10.4%
15	20	14.9%
16	11	8.2%
17	12	9.0%
18	13	9.7%
19	0	0.0%
20	1	0.7%
21+	1	0.7%
Not Available (% of Total)	5	(3.6%)

	Mean	Median	Std. Deviation
Age in Years	13.3	14.0	3.7



Race	N	% of Available
American Indian or Alaska Native	8	7.3%
Asian	42	38.5%
Black or African-American	8	7.3%
Nat. Hawaiian or Other Pac.Isl.	51	46.8%
White	79	72.5%
Other Race	0	0.0%
Multiracial	49	45.0%
Not Available (% of Total)	30	(21.6%)

National Origin	N	% of Available
Hispanic or Latino/a	23	21.1%
Not Hispanic or Latino/a	86	78.9%
Not Available (% of Total)	30	(21.6%)

Youth's Most Recent Primary Diagnosis (DSM-5)	N	% of Available
Anxiety Disorders	6	5.9%
Bipolar and Related Disorders	5	5.0%
Depressive Disorders	30	29.7%
Disruptive, Impulse-Control, and Conduct Disorders	7	6.9%
Neurodevelopmental Disorders		
Attention-Deficit/Hyperactivity Disorder	12	11.9%
Autism Spectrum Disorder	0	0.0%
Intellectual Disability	0	0.0%
Other Neurodevelopmental Disorders	1	1.0%
Obsessive-Compulsive and Related Disorders	0	0.0%
Schizophrenia Spectrum and Other Psychotic Disorders	2	2.0%
Substance-Related and Addictive Disorders	0	0.0%
Trauma- and Stressor-Related Disorders		
Adjustment Disorder	11	10.9%
Posttraumatic Stress Disorder	21	20.8%
Other Trauma- and Stressor-Related Disorders	4	4.0%
Other Infrequent CAMHD Diagnoses ^a	0	0.0%
General Medical Conditions or Codes No Longer Used	2	2.0%
Not Available (% of Total)	38	(27.3%)

^aIncludes, but is not limited to, Dissociative Disorders, Elimination Disorders, Feeding & Eating Disorders, Gender Dysphoria, Neurocognitive Disorders, Paraphilic Disorders, Personality Disorders, "Other Mental Disorders," and "Other Conditions That May Be a Focus of Clinical Attention."

All Services Procured Within Fiscal Year	# of Youth Served in LOC	% of Total Youth w/ Procured Svcs
Out-of-Home	34	37.4%
Out-of-State	0	0.0%
Hospital-Based Residential	10	11.0%
Community Based Residential 1 ^a	0	0.0%
Community-Based Residential 2	1	1.1%
Community-Based Residential 3	4	4.4%
Residential Crisis Stabilization Program	2	2.2%
Transitional Family Home	23	25.3%
Intensive Home & Community	69	75.8%
Intensive Outpatient Hospitalization ^b	0	0.0%
Multisystemic Therapy	13	14.3%
Functional Family Therapy	17	18.7%
Adaptive Behavioral Intervention	1	1.1%
Intensive In-Home	46	50.5%
Intensive Independent Living Skills	0	0.0%
Outpatient^c	0	0.0%
Treatment ^c	0	0.0%
<i>Medication Management</i>	--	--
<i>Outpatient Therapy</i>	0	0.0%
Assessment	0	0.0%
Supportive Services	20	22.0%
Transitional Support Services	1	1.1%
Therapeutic Respite Home	8	8.8%
Ancillary Services	12	13.2%
Crisis Stabilization^d	4	4.4%
Crisis Mobile Outreach	--	--
Therapeutic Crisis Home	4	4.4%
Unduplicated Total^{cd}	91	

^aPreviously known as "Community High Risk." – name changed during FY 2019.

^bPreviously known as "Partial Hospitalization" – name changed during FY 2019.

^cDoes not include Medication Management clients, for which data was unavailable.

^dDoes not include Crisis Mobile Outreach clients, for which data was unavailable.

Change in Youth Progress Measures	Average Earliest Score (Std Err)	Average Most Recent Score (Std Err)
Child and Adolescent Functional Assessment Scale (CAFAS) Total Score (N=71)*	93.8 (3.03)	77.0 (3.85)
CAFAS School/Work Role Performance	20.4 (1.19)	19.9 (1.31)
CAFAS Home Role Performance*	21.0 (1.05)	17.8 (1.16)
CAFAS Community Role Performance	3.7 (0.90)	2.0 (0.65)
CAFAS Behavior Towards Others*	18.0 (0.77)	15.9 (0.87)
CAFAS Moods/Emotions*	20.1 (0.68)	16.1 (0.81)
CAFAS Self-Harmful Behavior*	6.1 (1.11)	2.3 (0.76)
CAFAS Substance Use	2.8 (0.92)	2.7 (0.83)
CAFAS Thinking	1.7 (0.53)	0.6 (0.34)
Ohio Scales (OS) Problem Score – Parent (N=24)	35.3 (2.69)	28.5 (2.91)
OS Internalizing Score – Parent	14.0 (1.88)	10.5 (1.92)
OS Externalizing Score – Parent	19.8 (1.58)	16.3 (1.46)
Ohio Scales (OS) Problem Score – Youth (N=4) ^a	N/A (N/A)	N/A (N/A)
OS Internalizing Score – Youth	N/A (N/A)	N/A (N/A)
OS Externalizing Score – Youth	N/A (N/A)	N/A (N/A)

^a Ohio Scales scores were not reported due to limited sample size.

* Statistically significant change (p<0.05)

Note: Includes youth who received any type of service within the fiscal year and had at least two assessments. A youth's earliest score is the very first score at any time within CAMHD, while the most recent score is the latest score up to the end of the fiscal year. Counts (Ns) represent unduplicated clients.

Ranges of scores are presented below:

CAFAS Total Score: 0-240

CAFAS (All) Subscales: 0-30

OS Parent and Youth Problem Score: 0-100

OS Parent and Youth Internalizing Score: 0-45

OS Parent and Youth Externalizing Score: 0-40

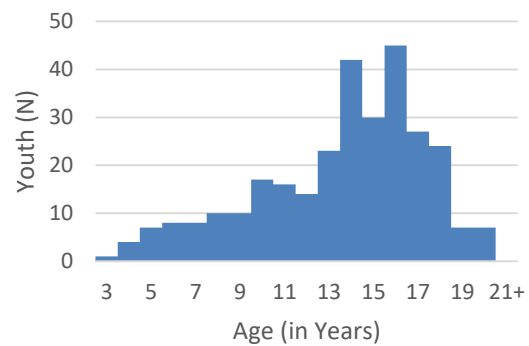
Kaua'i Family Guidance Center Youth Served

	N	%
Total Youth	302	
Youth Receiving Direct Services	272	90.1%
Youth Receiving Procured Services	137	45.4%

Gender	N	% of Available
Female	122	42.1%
Male	168	57.9%
Not Available (% of Total)	12	(4.0%)

Age	N	% of Available
3	1	0.3%
4	4	1.3%
5	7	2.3%
6	8	2.7%
7	8	2.7%
8	10	3.3%
9	10	3.3%
10	17	5.7%
11	16	5.3%
12	14	4.7%
13	23	7.7%
14	42	14.0%
15	30	10.0%
16	45	15.0%
17	27	9.0%
18	24	8.0%
19	7	2.3%
20	7	2.3%
21+	0	0.0%
Not Available (% of Total)	2	(0.7%)

	Mean	Median	Std. Deviation
Age in Years	13.5	14.0	3.8



Race	N	% of Available
American Indian or Alaska Native	7	2.7%
Asian	114	43.8%
Black or African-American	6	2.3%
Nat. Hawaiian or Other Pac. Isl.	113	43.5%
White	130	50.0%
Other Race	47	19.6%
Multiracial	114	43.8%
Not Available (% of Total)	42	(13.9%)

National Origin	N	% of Available
Hispanic or Latino/a	33	12.7%
Not Hispanic or Latino/a	227	87.3%
Not Available (% of Total)	42	(13.9%)

Youth's Most Recent Primary Diagnosis (DSM-5)	N	% of Available
Anxiety Disorders	8	5.6%
Bipolar and Related Disorders	1	0.7%
Depressive Disorders	20	13.9%
Disruptive, Impulse-Control, and Conduct Disorders	18	12.5%
Neurodevelopmental Disorders		
Attention-Deficit/Hyperactivity Disorder	23	16.0%
Autism Spectrum Disorder	2	1.4%
Intellectual Disability	1	0.7%
Other Neurodevelopmental Disorders	0	0.0%
Obsessive-Compulsive and Related Disorders	0	0.0%
Schizophrenia Spectrum and Other Psychotic Disorders	1	0.7%
Substance-Related and Addictive Disorders	3	2.1%
Trauma- and Stressor-Related Disorders		
Adjustment Disorder	24	16.7%
Posttraumatic Stress Disorder	29	20.1%
Other Trauma- and Stressor-Related Disorders	6	4.2%
Other Infrequent CAMHD Diagnoses ^a	4	2.8%
General Medical Conditions or Codes No Longer Used	4	2.8%
Not Available (% of Total)	158	(52.3%)

^aIncludes, but is not limited to, Dissociative Disorders, Elimination Disorders, Feeding & Eating Disorders, Gender Dysphoria, Neurocognitive Disorders, Paraphilic Disorders, Personality Disorders, "Other Mental Disorders," and "Other Conditions That May Be a Focus of Clinical Attention."

All Services Procured Within Fiscal Year	# of Youth Served in LOC	% of Total Youth w/ Procured Svcs
Out-of-Home	28	20.4%
Out-of-State	0	0.0%
Hospital-Based Residential	8	5.8%
Community Based Residential 1 ^a	0	0.0%
Community-Based Residential 2	0	0.0%
Community-Based Residential 3	7	5.1%
Residential Crisis Stabilization Program	0	0.0%
Transitional Family Home	16	11.7%
Intensive Home & Community	116	84.7%
Intensive Outpatient Hospitalization ^b	0	0.0%
Multisystemic Therapy	17	12.4%
Functional Family Therapy	28	20.4%
Adaptive Behavioral Intervention	5	3.6%
Intensive In-Home	69	50.4%
Intensive Independent Living Skills	2	1.5%
Outpatient^c	0	0.0%
Treatment ^c	0	0.0%
<i>Medication Management</i>	--	--
<i>Outpatient Therapy</i>	0	0.0%
Assessment	0	0.0%
Supportive Services	17	12.4%
Transitional Support Services	0	0.0%
Therapeutic Respite Home	4	2.9%
Ancillary Services	14	10.2%
Crisis Stabilization^d	4	2.9%
Crisis Mobile Outreach	--	--
Therapeutic Crisis Home	4	2.9%
Unduplicated Total^{cd}	137	

^aPreviously known as "Community High Risk." – name changed during FY 2019.

^bPreviously known as "Partial Hospitalization" – name changed during FY 2019.

^cDoes not include Medication Management clients, for which data was unavailable.

^dDoes not include Crisis Mobile Outreach clients, for which data was unavailable.

Change in Youth Progress Measures	Average Earliest Score (Std Err)	Average Most Recent Score (Std Err)
Child and Adolescent Functional Assessment Scale (CAFAS) Total Score (N=139)*	92.7 (2.95)	75.8 (3.49)
CAFAS School/Work Role Performance*	18.0 (0.87)	15.3 (0.91)
CAFAS Home Role Performance*	20.7 (0.76)	16.8 (0.86)
CAFAS Community Role Performance	6.0 (0.73)	6.8 (0.77)
CAFAS Behavior Towards Others*	16.6 (0.68)	13.5 (0.67)
CAFAS Moods/Emotions*	17.2 (0.66)	15.0 (0.64)
CAFAS Self-Harmful Behavior*	5.5 (0.81)	2.3 (0.50)
CAFAS Substance Use	5.0 (0.81)	4.7 (0.77)
CAFAS Thinking*	4.0 (0.68)	1.5 (0.43)
Ohio Scales (OS) Problem Score – Parent (N=105)*	27.3 (1.61)	19.4 (1.28)
OS Internalizing Score – Parent*	9.8 (0.84)	6.9 (0.61)
OS Externalizing Score – Parent*	15.5 (0.82)	10.7 (0.73)
Ohio Scales (OS) Problem Score – Youth (N=31)*	19.4 (1.99)	13.3 (1.96)
OS Internalizing Score – Youth	7.1 (0.92)	6.3 (1.24)
OS Externalizing Score – Youth*	10.9 (1.31)	6.1 (0.96)

* Statistically significant change (p<0.05)

Note: Includes youth who received any type of service within the fiscal year and had at least two assessments. A youth's earliest score is the very first score at any time within CAMHD, while the most recent score is the latest score up to the end of the fiscal year. Counts (Ns) represent unduplicated clients.

Ranges of scores are presented below:

CAFAS Total Score: 0-240

CAFAS (All) Subscales: 0-30

OS Parent and Youth Problem Score: 0-100

OS Parent and Youth Internalizing Score: 0-45

OS Parent and Youth Externalizing Score: 0-40

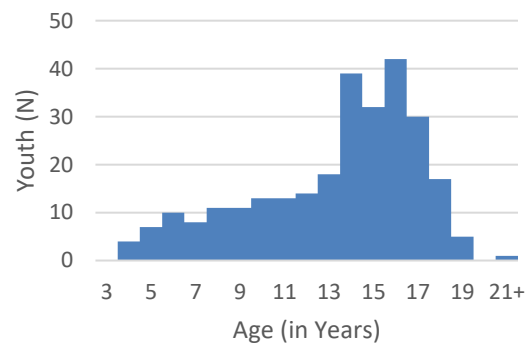
Maui Family Guidance Center Youth Served

	N	%
Total Youth	300	
Youth Receiving Direct Services	283	94.3%
Youth Receiving Procured Services	153	51.0%

Gender	N	% of Available
Female	112	40.7%
Male	163	59.3%
Not Available (% of Total)	25	(8.3%)

Age	N	% of Available
3	0	0.0%
4	4	1.5%
5	7	2.5%
6	10	3.6%
7	8	2.9%
8	11	4.0%
9	11	4.0%
10	13	4.7%
11	13	4.7%
12	14	5.1%
13	18	6.5%
14	39	14.2%
15	32	11.6%
16	42	15.3%
17	30	10.9%
18	17	6.2%
19	5	1.8%
20	0	0.0%
21+	1	0.4%
Not Available (% of Total)	25	(8.3%)

	Mean	Median	Std. Deviation
Age in Years	13.3	14.0	3.8



Race	N	% of Available
American Indian or Alaska Native	11	8.5%
Asian	69	52.3%
Black or African-American	10	7.8%
Nat. Hawaiian or Other Pac.Isl.	68	51.1%
White	89	66.9%
Other Race	6	5.2%
Multiracial	80	59.7%
Not Available (% of Total)	166	(55.3%)

National Origin	N	% of Available
Hispanic or Latino/a	23	17.8%
Not Hispanic or Latino/a	106	82.2%
Not Available (% of Total)	171	(57.0%)

Youth's Most Recent Primary Diagnosis (DSM-5)	N	% of Available
Anxiety Disorders	8	4.1%
Bipolar and Related Disorders	0	0.0%
Depressive Disorders	49	24.9%
Disruptive, Impulse-Control, and Conduct Disorders	38	19.3%
Neurodevelopmental Disorders		
Attention-Deficit/Hyperactivity Disorder	21	10.7%
Autism Spectrum Disorder	4	2.0%
Intellectual Disability	1	0.5%
Other Neurodevelopmental Disorders	0	0.0%
Obsessive-Compulsive and Related Disorders	0	0.0%
Schizophrenia Spectrum and Other Psychotic Disorders	4	2.0%
Substance-Related and Addictive Disorders	8	4.1%
Trauma- and Stressor-Related Disorders		
Adjustment Disorder	22	11.2%
Posttraumatic Stress Disorder	24	12.2%
Other Trauma- and Stressor-Related Disorders	5	2.5%
Other Infrequent CAMHD Diagnoses ^a	5	2.5%
General Medical Conditions or Codes No Longer Used	8	4.1%
Not Available (% of Total)	103	(34.3%)

^aIncludes, but is not limited to, Dissociative Disorders, Elimination Disorders, Feeding & Eating Disorders, Gender Dysphoria, Neurocognitive Disorders, Paraphilic Disorders, Personality Disorders, "Other Mental Disorders," and "Other Conditions That May Be a Focus of Clinical Attention."

All Services Procured Within Fiscal Year	# of Youth Served in LOC	% of Total Youth w/ Procured Svcs
Out-of-Home	28	18.3%
Out-of-State	1	0.7%
Hospital-Based Residential	14	9.2%
Community Based Residential 1 ^a	1	0.7%
Community-Based Residential 2	1	0.7%
Community-Based Residential 3	9	5.9%
Residential Crisis Stabilization Program	0	0.0%
Transitional Family Home	3	2.0%
Intensive Home & Community	119	77.8%
Intensive Outpatient Hospitalization ^b	0	0.0%
Multisystemic Therapy	47	30.7%
Functional Family Therapy	13	8.5%
Adaptive Behavioral Intervention	0	0.0%
Intensive In-Home	59	38.6%
Intensive Independent Living Skills	4	2.6%
Outpatient^c	19	12.4%
Treatment ^c	0	0.0%
<i>Medication Management</i>	--	--
<i>Outpatient Therapy</i>	0	0.0%
Assessment	19	12.4%
Supportive Services	32	20.9%
Transitional Support Services	1	0.7%
Therapeutic Respite Home	0	0.0%
Ancillary Services	32	20.9%
Crisis Stabilization^d	7	4.6%
Crisis Mobile Outreach	--	--
Therapeutic Crisis Home	7	4.6%
Unduplicated Total^{cd}	153	

^aPreviously known as "Community High Risk." – name changed during FY 2019.

^bPreviously known as "Partial Hospitalization" – name changed during FY 2019.

^cDoes not include Medication Management clients, for which data was unavailable.

^dDoes not include Crisis Mobile Outreach clients, for which data was unavailable.

Change in Youth Progress Measures	Average Earliest Score (Std Err)	Average Most Recent Score (Std Err)
Child and Adolescent Functional Assessment Scale (CAFAS) Total Score (N=92)*	94.3 (3.08)	77.4 (3.67)
CAFAS School/Work Role Performance*	20.8 (0.99)	15.1 (1.18)
CAFAS Home Role Performance*	19.5 (0.92)	15.7 (0.99)
CAFAS Community Role Performance	4.9 (0.92)	6.6 (1.02)
CAFAS Behavior Towards Others*	16.5 (0.70)	14.6 (0.69)
CAFAS Moods/Emotions*	17.5 (0.75)	14.8 (0.70)
CAFAS Self-Harmful Behavior*	7.1 (1.02)	3.5 (0.72)
CAFAS Substance Use	4.1 (0.94)	4.0 (0.86)
CAFAS Thinking	4.0 (0.68)	3.2 (0.62)
Ohio Scales (OS) Problem Score – Parent (N=95)*	30.1 (2.07)	15.8 (1.35)
OS Internalizing Score – Parent*	12.3 (1.10)	5.5 (0.64)
OS Externalizing Score – Parent*	15.7 (1.07)	9.1 (0.82)
Ohio Scales (OS) Problem Score – Youth (N=49)*	24.7 (2.63)	16.3 (2.16)
OS Internalizing Score – Youth*	10.7 (1.64)	7.6 (1.30)
OS Externalizing Score – Youth*	11.9 (1.21)	7.9 (1.05)

* Statistically significant change (p<0.05)

Note: Includes youth who received any type of service within the fiscal year and had at least two assessments. A youth's earliest score is the very first score at any time within CAMHD, while the most recent score is the latest score up to the end of the fiscal year. Counts (Ns) represent unduplicated clients.

Ranges of scores are presented below:

CAFAS Total Score: 0-240

CAFAS (All) Subscales: 0-30

OS Parent and Youth Problem Score: 0-100

OS Parent and Youth Internalizing Score: 0-45

OS Parent and Youth Externalizing Score: 0-40

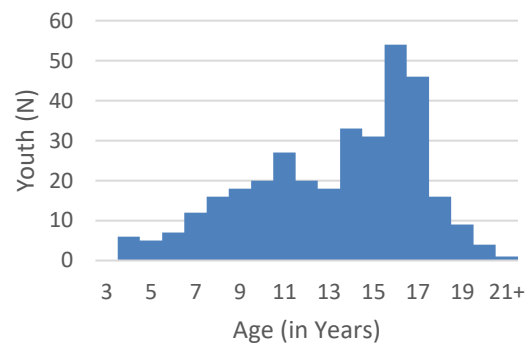
O'ahu, Central Family Guidance Center Youth Served

	N	%
Total Youth	365	
Youth Receiving Direct Services	352	96.4%
Youth Receiving Procured Services	248	67.9%

Gender	N	% of Available
Female	132	38.3%
Male	213	61.7%
Not Available (% of Total)	20	(5.5%)

Age	N	% of Available
3	0	0.0%
4	6	1.7%
5	5	1.5%
6	7	2.0%
7	12	3.5%
8	16	4.7%
9	18	5.2%
10	20	5.8%
11	27	7.9%
12	20	5.8%
13	18	5.2%
14	33	9.6%
15	31	9.0%
16	54	15.7%
17	46	13.4%
18	16	4.7%
19	9	2.6%
20	4	1.2%
21+	1	0.3%
Not Available (% of Total)	22	(6.0%)

	Mean	Median	Std. Deviation
Age in Years	13.3	14.0	3.8



Race	N	% of Available
American Indian or Alaska Native	20	7.4%
Asian	175	64.6%
Black or African-American	26	9.6%
Nat. Hawaiian or Other Pac.Isl.	175	64.6%
White	171	63.1%
Other Race	12	5.0%
Multiracial	176	64.9%
Not Available (% of Total)	94	(25.8%)

National Origin	N	% of Available
Hispanic or Latino/a	54	19.9%
Not Hispanic or Latino/a	217	80.1%
Not Available (% of Total)	94	(25.8%)

Youth's Most Recent Primary Diagnosis (DSM-5)	N	% of Available
Anxiety Disorders	19	7.3%
Bipolar and Related Disorders	3	1.1%
Depressive Disorders	49	18.7%
Disruptive, Impulse-Control, and Conduct Disorders	82	31.3%
Neurodevelopmental Disorders		
Attention-Deficit/Hyperactivity Disorder	33	12.6%
Autism Spectrum Disorder	4	1.5%
Intellectual Disability	2	0.8%
Other Neurodevelopmental Disorders	0	0.0%
Obsessive-Compulsive and Related Disorders	1	0.4%
Schizophrenia Spectrum and Other Psychotic Disorders	4	1.5%
Substance-Related and Addictive Disorders	9	3.4%
Trauma- and Stressor-Related Disorders		
Adjustment Disorder	20	7.6%
Posttraumatic Stress Disorder	14	5.3%
Other Trauma- and Stressor-Related Disorders	13	5.0%
Other Infrequent CAMHD Diagnoses ^a	1	0.4%
General Medical Conditions or Codes No Longer Used	8	3.1%
Not Available (% of Total)	103	(28.2%)

^aIncludes, but is not limited to, Dissociative Disorders, Elimination Disorders, Feeding & Eating Disorders, Gender Dysphoria, Neurocognitive Disorders, Paraphilic Disorders, Personality Disorders, "Other Mental Disorders," and "Other Conditions That May Be a Focus of Clinical Attention."

All Services Procured Within Fiscal Year	# of Youth Served in LOC	% of Total Youth w/ Procured Svcs
Out-of-Home	40	16.1%
Out-of-State	6	2.4%
Hospital-Based Residential	12	4.8%
Community Based Residential 1 ^a	2	0.8%
Community-Based Residential 2	1	0.4%
Community-Based Residential 3	17	6.9%
Residential Crisis Stabilization Program	2	0.8%
Transitional Family Home	5	2.0%
Intensive Home & Community	234	94.4%
Intensive Outpatient Hospitalization ^b	3	1.2%
Multisystemic Therapy	22	8.9%
Functional Family Therapy	20	8.1%
Adaptive Behavioral Intervention	5	2.0%
Intensive In-Home	211	85.1%
Intensive Independent Living Skills	2	0.8%
Outpatient^c	9	3.6%
Treatment ^c	0	0.0%
<i>Medication Management</i>	--	--
<i>Outpatient Therapy</i>	0	0.0%
Assessment	9	3.6%
Supportive Services	12	4.8%
Transitional Support Services	4	1.6%
Therapeutic Respite Home	3	1.2%
Ancillary Services	5	2.0%
Crisis Stabilization^d	0	0.0%
Crisis Mobile Outreach	--	--
Therapeutic Crisis Home	0	0.0%
Unduplicated Total^{cd}	248	

^aPreviously known as "Community High Risk." – name changed during FY 2019.

^bPreviously known as "Partial Hospitalization" – name changed during FY 2019.

^cDoes not include Medication Management clients, for which data was unavailable.

^dDoes not include Crisis Mobile Outreach clients, for which data was unavailable.

Change in Youth Progress Measures	Average Earliest Score (Std Err)	Average Most Recent Score (Std Err)
Child and Adolescent Functional Assessment Scale (CAFAS) Total Score (N=268)*	91.8 (1.78)	74.0 (2.10)
CAFAS School/Work Role Performance*	20.5 (0.56)	15.1 (0.67)
CAFAS Home Role Performance*	20.0 (0.51)	16.2 (0.60)
CAFAS Community Role Performance	5.9 (0.57)	5.6 (0.58)
CAFAS Behavior Towards Others*	17.4 (0.40)	14.3 (0.47)
CAFAS Moods/Emotions*	17.3 (0.41)	15.2 (0.45)
CAFAS Self-Harmful Behavior*	4.7 (0.52)	2.3 (0.36)
CAFAS Substance Use	3.9 (0.52)	3.4 (0.44)
CAFAS Thinking	2.3 (0.34)	1.9 (0.32)
Ohio Scales (OS) Problem Score – Parent (N=240)*	30.6 (1.17)	19.2 (0.94)
OS Internalizing Score – Parent*	11.1 (0.59)	6.4 (0.44)
OS Externalizing Score – Parent*	17.0 (0.63)	11.0 (0.55)
Ohio Scales (OS) Problem Score – Youth (N=155)*	23.1 (1.39)	15.6 (1.28)
OS Internalizing Score – Youth*	9.4 (0.79)	6.9 (0.75)
OS Externalizing Score – Youth*	11.6 (0.65)	7.6 (0.59)

* Statistically significant change (p<0.05)

Note: Includes youth who received any type of service within the fiscal year and had at least two assessments. A youth's earliest score is the very first score at any time within CAMHD, while the most recent score is the latest score up to the end of the fiscal year. Counts (Ns) represent unduplicated clients.

Ranges of scores are presented below:

CAFAS Total Score: 0-240

CAFAS (All) Subscales: 0-30

OS Parent and Youth Problem Score: 0-100

OS Parent and Youth Internalizing Score: 0-45

OS Parent and Youth Externalizing Score: 0-40

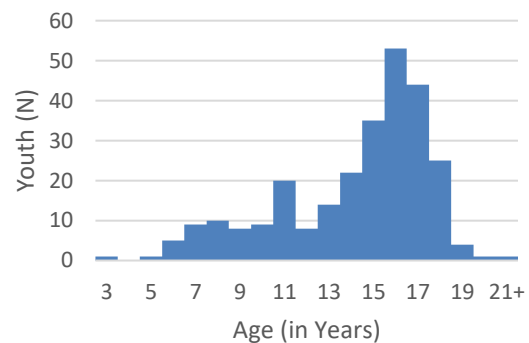
O'ahu, Honolulu Family Guidance Center Youth Served

	N	%
Total Youth	282	
Youth Receiving Direct Services	269	95.4%
Youth Receiving Procured Services	169	59.9%

Gender	N	% of Available
Female	91	33.7%
Male	179	66.3%
Not Available (% of Total)	12	(4.3%)

Age	N	% of Available
3	1	0.4%
4	0	0.0%
5	1	0.4%
6	5	1.9%
7	9	3.3%
8	10	3.7%
9	8	3.0%
10	9	3.3%
11	20	7.4%
12	8	3.0%
13	14	5.2%
14	22	8.1%
15	35	13.0%
16	53	19.6%
17	44	16.3%
18	25	9.3%
19	4	1.5%
20	1	0.4%
21+	1	0.4%
Not Available (% of Total)	12	(4.3%)

	Mean	Median	Std. Deviation
Age in Years	14.2	15.0	3.4



Race	N	% of Available
American Indian or Alaska Native	17	7.0%
Asian	137	56.1%
Black or African-American	25	10.2%
Nat. Hawaiian or Other Pac.Isl.	130	53.1%
White	86	35.2%
Other Race	10	5.3%
Multiracial	100	40.8%
Not Available (% of Total)	37	(13.1%)

National Origin	N	% of Available
Hispanic or Latino/a	43	17.4%
Not Hispanic or Latino/a	204	82.6%
Not Available (% of Total)	35	(12.4%)

Youth's Most Recent Primary Diagnosis (DSM-5)	N	% of Available
Anxiety Disorders	7	3.9%
Bipolar and Related Disorders	4	2.2%
Depressive Disorders	45	25.1%
Disruptive, Impulse-Control, and Conduct Disorders	46	25.7%
Neurodevelopmental Disorders		
Attention-Deficit/Hyperactivity Disorder	26	14.5%
Autism Spectrum Disorder	2	1.1%
Intellectual Disability	1	0.6%
Other Neurodevelopmental Disorders	0	0.0%
Obsessive-Compulsive and Related Disorders	0	0.0%
Schizophrenia Spectrum and Other Psychotic Disorders	7	3.9%
Substance-Related and Addictive Disorders	13	7.3%
Trauma- and Stressor-Related Disorders		
Adjustment Disorder	14	7.8%
Posttraumatic Stress Disorder	9	5.0%
Other Trauma- and Stressor-Related Disorders	2	1.1%
Other Infrequent CAMHD Diagnoses ^a	2	1.1%
General Medical Conditions or Codes No Longer Used	1	0.6%
Not Available (% of Total)	103	(36.5%)

^aIncludes, but is not limited to, Dissociative Disorders, Elimination Disorders, Feeding & Eating Disorders, Gender Dysphoria, Neurocognitive Disorders, Paraphilic Disorders, Personality Disorders, "Other Mental Disorders," and "Other Conditions That May Be a Focus of Clinical Attention."

All Services Procured Within Fiscal Year	# of Youth Served in LOC	% of Total Youth w/ Procured Svcs
Out-of-Home	28	16.6%
Out-of-State	3	1.8%
Hospital-Based Residential	8	4.7%
Community Based Residential 1 ^a	1	0.6%
Community-Based Residential 2	3	1.8%
Community-Based Residential 3	10	5.9%
Residential Crisis Stabilization Program	0	0.0%
Transitional Family Home	10	5.9%
Intensive Home & Community	158	93.5%
Intensive Outpatient Hospitalization ^b	0	0.0%
Multisystemic Therapy	29	17.2%
Functional Family Therapy	14	8.3%
Adaptive Behavioral Intervention	6	3.6%
Intensive In-Home	117	69.2%
Intensive Independent Living Skills	3	1.8%
Outpatient^c	2	1.2%
Treatment ^c	0	0.0%
<i>Medication Management</i>	--	--
<i>Outpatient Therapy</i>	0	0.0%
Assessment	2	1.2%
Supportive Services	23	13.6%
Transitional Support Services	1	0.6%
Therapeutic Respite Home	2	1.2%
Ancillary Services	20	11.8%
Crisis Stabilization^d	0	0.0%
Crisis Mobile Outreach	--	--
Therapeutic Crisis Home	0	0.0%
Unduplicated Total^{cd}	169	

^aPreviously known as "Community High Risk."

^bPreviously known as "Partial Hospitalization"

^cDoes not include Medication Management clients, for which data was unavailable.

^dDoes not include Crisis Mobile Outreach clients, for which data was unavailable.

Change in Youth Progress Measures	Average Earliest Score (Std Err)	Average Most Recent Score (Std Err)
Child and Adolescent Functional Assessment Scale (CAFAS) Total Score (N=153)*	96.5 (2.40)	81.1 (3.51)
CAFAS School/Work Role Performance *	20.8 (0.74)	16.7 (0.89)
CAFAS Home Role Performance*	20.9 (0.69)	17.2 (0.79)
CAFAS Community Role Performance	7.1 (0.76)	7.5 (0.77)
CAFAS Behavior Towards Others*	17.4 (0.56)	14.2 (0.65)
CAFAS Moods/Emotions*	15.3 (0.67)	13.1 (0.68)
CAFAS Self-Harmful Behavior*	5.0 (0.67)	3.1 (0.53)
CAFAS Substance Use	6.3 (0.82)	6.3 (0.81)
CAFAS Thinking	3.7 (0.52)	3.1 (0.48)
Ohio Scales (OS) Problem Score – Parent (N=124)*	32.8 (1.58)	22.8 (1.61)
OS Internalizing Score – Parent*	11.5 (0.82)	7.9 (0.72)
OS Externalizing Score – Parent*	18.1 (0.84)	12.2 (0.83)
Ohio Scales (OS) Problem Score – Youth (N=83)*	23.4 (2.05)	13.1 (1.45)
OS Internalizing Score – Youth*	8.9 (1.04)	5.4 (0.77)
OS Externalizing Score – Youth*	11.3 (1.04)	6.5 (0.69)

* Statistically significant change (p<0.05)

Note: Includes youth who received any type of service within the fiscal year and had at least two assessments. A youth's earliest score is the very first score at any time within CAMHD, while the most recent score is the latest score up to the end of the fiscal year. Counts (Ns) represent unduplicated clients.

Ranges of scores are presented below:

CAFAS Total Score: 0-240

CAFAS (All) Subscales: 0-30

OS Parent and Youth Problem Score: 0-100

OS Parent and Youth Internalizing Score: 0-45

OS Parent and Youth Externalizing Score: 0-40

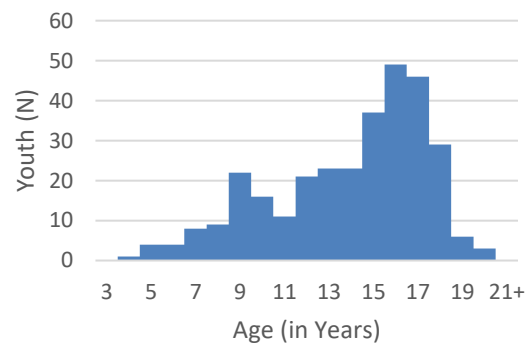
O'ahu, Leeward Family Guidance Center Youth Served

	N	%
Total Youth	328	
Youth Receiving Direct Services	287	87.5%
Youth Receiving Procured Services	218	66.5%

Gender	N	% of Available
Female	133	42.6%
Male	179	57.4%
Not Available (% of Total)	16	(4.9%)

Age	N	% of Available
3	0	0.0%
4	1	0.3%
5	4	1.3%
6	4	1.3%
7	8	2.6%
8	9	2.9%
9	22	7.1%
10	16	5.1%
11	11	3.5%
12	21	6.7%
13	23	7.4%
14	23	7.4%
15	37	11.9%
16	49	15.7%
17	46	14.7%
18	29	9.3%
19	6	1.9%
20	3	1.0%
21+	0	0.0%
Not Available (% of Total)	16	(4.9%)

	Mean	Median	Std. Deviation
Age in Years	13.9	15.0	3.5



Race	N	% of Available
American Indian or Alaska Native	26	10.8%
Asian	143	59.3%
Black or African-American	29	12.1%
Nat. Hawaiian or Other Pac.Isl.	169	69.8%
White	128	53.1%
Other Race	11	5.7%
Multiracial	149	61.6%
Not Available (% of Total)	86	(26.2%)

National Origin	N	% of Available
Hispanic or Latino/a	61	25.3%
Not Hispanic or Latino/a	180	74.7%
Not Available (% of Total)	87	(26.5%)

Youth's Most Recent Primary Diagnosis (DSM-5)	N	% of Available
Anxiety Disorders	9	3.6%
Bipolar and Related Disorders	4	1.6%
Depressive Disorders	56	22.2%
Disruptive, Impulse-Control, and Conduct Disorders	51	20.2%
Neurodevelopmental Disorders		
Attention-Deficit/Hyperactivity Disorder	42	16.7%
Autism Spectrum Disorder	2	0.8%
Intellectual Disability	1	0.4%
Other Neurodevelopmental Disorders	2	0.8%
Obsessive-Compulsive and Related Disorders	1	0.4%
Schizophrenia Spectrum and Other Psychotic Disorders	4	1.6%
Substance-Related and Addictive Disorders	5	2.0%
Trauma- and Stressor-Related Disorders		
Adjustment Disorder	35	13.9%
Posttraumatic Stress Disorder	20	7.9%
Other Trauma- and Stressor-Related Disorders	4	1.6%
Other Infrequent CAMHD Diagnoses ^a	3	1.2%
General Medical Conditions or Codes No Longer Used	13	5.2%
Not Available (% of Total)	76	(23.2%)

^aIncludes, but is not limited to, Dissociative Disorders, Elimination Disorders, Feeding & Eating Disorders, Gender Dysphoria, Neurocognitive Disorders, Paraphilic Disorders, Personality Disorders, "Other Mental Disorders," and "Other Conditions That May Be a Focus of Clinical Attention."

All Services Procured Within Fiscal Year	# of Youth Served in LOC	% of Total Youth w/ Procured Svcs
Out-of-Home	50	22.9%
Out-of-State	4	1.8%
Hospital-Based Residential	17	7.8%
Community Based Residential 1 ^a	1	0.5%
Community-Based Residential 2	1	0.5%
Community-Based Residential 3	15	6.9%
Residential Crisis Stabilization Program	0	0.0%
Transitional Family Home	17	7.8%
Intensive Home & Community	184	84.4%
Intensive Outpatient Hospitalization ^b	3	1.4%
Multisystemic Therapy	9	4.1%
Functional Family Therapy	8	3.7%
Adaptive Behavioral Intervention	0	0.0%
Intensive In-Home	177	81.2%
Intensive Independent Living Skills	2	0.9%
Outpatient^c	25	11.5%
Treatment ^c	0	0.0%
<i>Medication Management</i>	--	--
<i>Outpatient Therapy</i>	0	0.0%
Assessment	25	11.5%
Supportive Services	12	5.5%
Transitional Support Services	0	0.0%
Therapeutic Respite Home	2	0.9%
Ancillary Services	10	4.6%
Crisis Stabilization^d	0	0.0%
Crisis Mobile Outreach	--	--
Therapeutic Crisis Home	0	0.0%
Unduplicated Total^{cd}	218	

^aPreviously known as "Community High Risk." – name changed during FY 2019.

^bPreviously known as "Partial Hospitalization" – name changed during FY 2019.

^cDoes not include Medication Management clients, for which data was unavailable.

^dDoes not include Crisis Mobile Outreach clients, for which data was unavailable.

Change in Youth Progress Measures	Average Earliest Score (Std Err)	Average Most Recent Score (Std Err)
Child and Adolescent Functional Assessment Scale (CAFAS) Total Score (N=202)*	98.0 (2.12)	79.8 (2.63)
CAFAS School/Work Role Performance*	20.2 (0.69)	16.4 (0.78)
CAFAS Home Role Performance*	22.6 (0.58)	17.8 (0.71)
CAFAS Community Role Performance	7.4 (0.72)	7.1 (0.71)
CAFAS Behavior Towards Others*	18.1 (0.44)	15.3 (0.54)
CAFAS Moods/Emotions*	18.3 (0.49)	15.5 (0.52)
CAFAS Self-Harmful Behavior*	4.9 (0.58)	1.4 (0.30)
CAFAS Substance Use	4.3 (0.63)	4.4 (0.64)
CAFAS Thinking	2.2 (0.41)	2.1 (0.37)
Ohio Scales (OS) Problem Score – Parent (N=140)*	31.9 (1.49)	21.2 (1.41)
OS Internalizing Score – Parent*	11.1 (0.78)	6.9 (0.64)
OS Externalizing Score – Parent*	18.1 (0.80)	12.2 (0.79)
Ohio Scales (OS) Problem Score – Youth (N=115)*	25.5 (1.68)	14.5 (1.27)
OS Internalizing Score – Youth*	9.7 (1.00)	5.0 (0.61)
OS Externalizing Score – Youth*	13.1 (0.83)	8.0 (0.73)

* Statistically significant change (p<0.05)

Note: Includes youth who received any type of service within the fiscal year and had at least two assessments. A youth's earliest score is the very first score at any time within CAMHD, while the most recent score is the latest score up to the end of the fiscal year. Counts (Ns) represent unduplicated clients.

Ranges of scores are presented below:

CAFAS Total Score: 0-240

CAFAS (All) Subscales: 0-30

OS Parent and Youth Problem Score: 0-100

OS Parent and Youth Internalizing Score: 0-45

OS Parent and Youth Externalizing Score: 0-40

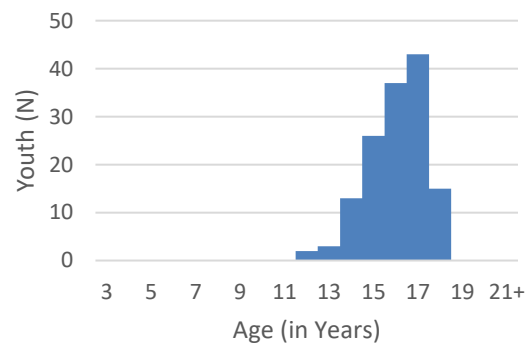
Family Court Liaison Branch Youth Served

	N	%
Total Youth	181	
Youth Receiving Direct Services	181	100.0%
Youth Receiving Procured Services	83	45.9%

Gender	N	% of Available
Female	38	27.3%
Male	101	72.7%
Not Available (% of Total)	42	(23.2%)

Age	N	% of Available
3	0	0.0%
4	0	0.0%
5	0	0.0%
6	0	0.0%
7	0	0.0%
8	0	0.0%
9	0	0.0%
10	0	0.0%
11	0	0.0%
12	2	1.4%
13	3	2.2%
14	13	9.4%
15	26	18.7%
16	37	26.6%
17	43	30.9%
18	15	10.8%
19	0	0.0%
20	0	0.0%
21+	0	0.0%
Not Available (% of Total)	42	(23.2%)

	Mean	Median	Std. Deviation
Age in Years	16.0	16.0	1.3



Race	N	% of Available
American Indian or Alaska Native	6	10.8%
Asian	60	59.3%
Black or African-American	8	12.1%
Nat. Hawaiian or Other Pac.Isl.	97	69.8%
White	54	53.1%
Other Race	3	5.7%
Multiracial (not available)	--	--
Not Available (% of Total)	49	(27.1%)

National Origin	N	% of Available
Hispanic or Latino/a	21	16.0%
Not Hispanic or Latino/a	110	84.0%
Not Available (% of Total)	50	(27.6%)

Youth's Most Recent Primary Diagnosis (DSM-5)	N	% of Available
Anxiety Disorders	0	0.0%
Bipolar and Related Disorders	4	3.1%
Depressive Disorders	13	10.2%
Disruptive, Impulse-Control, and Conduct Disorders	66	51.6%
Neurodevelopmental Disorders		
Attention-Deficit/Hyperactivity Disorder	7	5.5%
Autism Spectrum Disorder	0	0.0%
Intellectual Disability	0	0.0%
Other Neurodevelopmental Disorders	0	0.0%
Obsessive-Compulsive and Related Disorders	0	0.0%
Schizophrenia Spectrum and Other Psychotic Disorders	0	0.0%
Substance-Related and Addictive Disorders	7	5.5%
Trauma- and Stressor-Related Disorders		
Adjustment Disorder	9	7.0%
Posttraumatic Stress Disorder	7	5.5%
Other Trauma- and Stressor-Related Disorders	9	7.0%
Other Infrequent CAMHD Diagnoses ^a	3	2.3%
General Medical Conditions or Codes No Longer Used	3	2.3%
Not Available (% of Total)	53	(29.3%)

^aIncludes, but is not limited to, Dissociative Disorders, Elimination Disorders, Feeding & Eating Disorders, Gender Dysphoria, Neurocognitive Disorders, Paraphilic Disorders, Personality Disorders, "Other Mental Disorders," and "Other Conditions That May Be a Focus of Clinical Attention."

All Services Procured Within Fiscal Year	# of Youth Served in LOC	% of Total Youth w/ Procured Svcs
Out-of-Home	40	48.2%
Out-of-State	3	3.6%
Hospital-Based Residential	8	9.6%
Community Based Residential 1 ^a	2	2.4%
Community-Based Residential 2	0	0.0%
Community-Based Residential 3	26	31.3%
Residential Crisis Stabilization Program	0	0.0%
Transitional Family Home	8	9.6%
Intensive Home & Community	65	78.3%
Intensive Outpatient Hospitalization ^b	1	1.2%
Multisystemic Therapy	21	25.3%
Functional Family Therapy	7	8.4%
Adaptive Behavioral Intervention	0	0.0%
Intensive In-Home	48	57.8%
Intensive Independent Living Skills	2	2.4%
Outpatient^c	7	8.4%
Treatment ^c	0	0.0%
<i>Medication Management</i>	--	--
<i>Outpatient Therapy</i>	0	0.0%
Assessment	7	8.4%
Supportive Services	22	26.5%
Transitional Support Services	2	2.4%
Therapeutic Respite Home	1	1.2%
Ancillary Services	19	22.9%
Crisis Stabilization^d	0	0.0%
Crisis Mobile Outreach	--	--
Therapeutic Crisis Home	0	0.0%
Unduplicated Total^{cd}	83	

^aPreviously known as "Community High Risk." – name changed during FY 2019.

^bPreviously known as "Partial Hospitalization" – name changed during FY 2019.

^cDoes not include Medication Management clients, for which data was unavailable.

^dDoes not include Crisis Mobile Outreach clients, for which data was unavailable.

Change in Youth Progress Measures	Average Earliest Score (Std Err)	Average Most Recent Score (Std Err)
Child and Adolescent Functional Assessment Scale (CAFAS) Total Score (N=82)	116.5 (3.70)	116.5 (3.99)
CAFAS School/Work Role Performance	23.3 (0.97)	21.0 (1.26)
CAFAS Home Role Performance	24.4 (0.85)	25.1 (0.97)
CAFAS Community Role Performance*	13.9 (1.11)	21.6 (0.73)
CAFAS Behavior Towards Others	18.7 (0.64)	17.3 (0.87)
CAFAS Moods/Emotions	15.7 (0.83)	14.5 (0.89)
CAFAS Self-Harmful Behavior*	6.3 (1.10)	1.2 (0.41)
CAFAS Substance Use	11.8 (1.29)	13.8 (1.28)
CAFAS Thinking	2.3 (0.70)	2.1 (0.64)
Ohio Scales (OS) Problem Score – Parent (N=61)*	35.9 (2.83)	23.7 (2.69)
OS Internalizing Score – Parent*	10.9 (1.37)	7.3 (1.00)
OS Externalizing Score – Parent*	19.2 (1.36)	11.9 (1.42)
Ohio Scales (OS) Problem Score – Youth (N=80)*	20.3 (1.80)	9.9 (1.60)
OS Internalizing Score – Youth	5.8 (0.85)	3.7 (0.83)
OS Externalizing Score – Youth*	11.2 (0.90)	5.2 (0.76)

* Statistically significant change (p<0.05)

Note: These FCLB youth can also be included in other FGC data. Includes youth who received any type of FCLB service within the fiscal year and had at least two assessments. A youth's earliest score is the very first score at any time within CAMHD, while the most recent score is the latest score up to the end of the fiscal year. Counts (Ns) represent unduplicated clients.

Ranges of scores are presented below:

CAFAS Total Score: 0-240

CAFAS (All) Subscales: 0-30

OS Parent and Youth Problem Score: 0-100

OS Parent and Youth Internalizing Score: 0-45

OS Parent and Youth Externalizing Score: 0-40